INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU.

Address:- Rehari Chungi, Jammu, Jammu & Kashmir, 180005
Email ID: principaliggdc-jk@nic.in iggdcjprincipal@yahoo.com

DOCUMENTS TO BE ARRANGED AS PER THE LIST OF DOCUMENTS REQUIRED AT THE TIME OF ADMISSION TO THE BDS COURSE FOR THE ACADEMIC SESSION 2026-27

Candidates are required to bring three sets of all the documents mentioned below: one self-attested set and two unattested sets, along with the original documents for verification.

1 HARD FILE COVER WITH TAG.

2 RECENT (08) EIGHT PASSPORT-SIZE PHOTOGRAPHS.

3 FILLED BDS ADMISSION FORM – **(ANNEXURE-I)**

4 NEET UG ALLOTMENT LETTER FOR MCC CANDIDATES ONLY.

5 NEET ADMIT CARD 2026 ISSUED BY NTA.

6 NEET SCORECARD 2026.

7 DATE OF BIRTH CERTIFICATE (MATRIC CERTICATE). (ORIGINAL)

8 12TH CLASS MARKSHEET. (ORIGINAL)

9 APAAR I. D PROOF.

10 SCHOOL LEAVING/DISCHARGE/TRANSFER/PROVISIONAL CUM CHARACTER CERTIFICATE. (ORIGINAL)

11 MIGRATION CERTIFICATE OF LAST EXAMINATION PASSED FROM THE BOARD/ UNIVERSITY OTHER THAN J&K BOARD/JAMMU UNIVERSITY.(ORIGINAL)

12 DOMICILE CERTIFICATE FOR UT QUOTA CANDIDATE ONLY. (ORIGINAL)

13 CATEGORY CERTIFICATE, IF ANY.(ORIGINAL)

14 VALID INCOME CERTIFICATE IN RESPECT OF POOR & BACKWARD CATEGORY CANDIDATE.(ORIGINAL)

15 ID PROOF (AADHAR/ PAN CARD/ DRIVING LICENSE/ PASSPORT).

16 JUDICIAL AFFIDAVIT (ISSUED BY THE 1ST CLASS JUDICIAL MAGISTRATE), IF NOT TAKEN ADMISSION IN ANY COLLEGE WITHIN OR OUTSIDE THE STATE AFTER PASSING 10+2. (APPLICABLE FOR THOSE STUDENTS WHO HAVE A TIME GAP OF 01 YEAR OR MORE BETWEEN PASSING 12TH EXAMINATION AND JOINING THIS COURSE). **ANNEXURE-II**

17 JUDICIAL AFFIDAVIT (ISSUED BY THE 1ST CLASS JUDICIAL MAGISTRATE) FROM THE CANDIDATE ALL THE DOCUMENTS /STATEMENTS ARE TRUE AND CORRECT AS PER ADMISSION APPLICATION. **ANNEXURE-III**

18 AFFIDAVIT - ANTI RAGGING BOND BY STUDENT & PARENT AS PER NDC NORMS ON **WWW.ANTIRAGGING.IN** (TO BE FILLED ONLINE ONLY).

19 MEDICAL FITNESS CERTIFICATE ISSUED BY CMO **(ANNEXURE-IV)**

20 CHARACTER CERTIFICATE DULY ATTESTED BY OFFICER NOT BELOW THE RANK OF DySP/TEHSILDAR **(APPLICABLE FOR THOSE STUDENTS WHO HAVE A TIME GAP OF 06 MONTHS OR MORE BETWEEN PASSING 12TH EXAMINATION AND JOINING THIS COURSE).**

21 DEMAND DRAFT IN FAVOR OF PRINCIPAL, INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU AS PER THE BELOW MENTIONED FEE.

ADMISSION FEE FOR THE COURSE OF BDS 2026-27

S.NO.	CATEGORY OF STUDENTS	ADMISSION FEE FOR BDS COURSE	DEGREE FEE	ELIGIBILITY FEE	TOTAL AMOUNT IN RUPEES
1.	STUDENTS PASSING OTHER THAN JKBOSE	26,250/-	1080/-	112O/-	28,450/-
2.	STUDENTS PASSING FROM JKBOSE	26,250/-	1080/-	NIL	27,330/-

NOTE: FOR ANY INFORMATION REGARDING BDS ADMISSION CONTACT WITH ACADEMIC SECTION:- 9906173958, 7006080501, 6005830789

To,

The Principal & Dean,
Indira Gandhi Govt. Dental College,
Jammu.

Passport size Color Picture Here

Sub: Joining report for admission to BDS course for session 2026-27.

Madam.

In compliance to the Allotment Letter / Notification No._____ Dated_____issued by the MCC / Jammu & Kashmir Board of Professional Entrance Examinations, I beg to submit my joining report for admission to BDS course in India Gandhi Govt. Dental College, Jammu for the session 2026-27.

The following documents are enclosed herewith for further necessary action.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Yours faithfully,

Signature_____

Name_____

Roll no. of NEET_____

S/o, D/o_____

R/o_____

Note:- Deficiency of Documents_____

ANNEXURE-I

INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU.

Address:- Rehari Chungi, Jammu, Jammu & Kashmir, 180005
Email ID: principaliggdc-jk@nic.in iggdciprincipal@yahoo.com

Demand Draft No. _____ dated:__/__/2026

BDS ADMISSION FORM

(TO BE FILLED IN BLOCK LETTERS)

Academic Year : 2026 BACHELOR'S OF DENTAL SURGERY

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S.No	Particulars											
I	**Candidate Details**											
	Name :					Age:		Gender:				
	Date of Birth:					Nationality:						
	UT/State Belonging to:					Mother Tongue:		Blood Group:				
	Aadhaar No:					APAAR I.D :						
	Contact Details	Land Line No:				Mobile No:		WhatsApp No:				
		E-mail Id:										
	Anti Ragging Undertaking Reference No:					UT/State:						
	Address	Local Address				Permanent Address						
II	12th Class Details (Academic Details)											
	Board	Roll No.	Year of Passing	Total Marks 12th		12th %age of Marks	Physics		Chemistry		Biology		%age in PCB
				Max	Obtained		Max	Obtained	Max	Obtained	Max	Obtained	
	DETAILS OF NEET												
	Neet Roll No:			All India Neet Rank:			Neet Score:			Neet Percentile			
	JKBOPEE Rank :			Selection Through:- (JKBOPPE/MCC)			Selection Category:						
	JK BOPEE Notification No & Date /MCC Round No & Date:												
	Date of Admission:												

	Details of the reservation quota under which candidate is admitted (If Applicable)	Religion:	Caste :
III	**Parents details**		
		Father	Mother
	Name		
	Mobile No/		
	WhatsApp No.		
	Email Id		
	Aadhar No.		
	PAN No(in case candidates PAN No is not given)		
IV	**Details of Local Guardian (if any)**		
	Name:	Mobile No/WhatsApp No:	Addr ess:

Declaration

I ..... Son/Daughter of..... hereby declare that the above given information is true to the best of my knowledge. I understand that my admission is provisional, pending final approval from the university. I will abide by the rules and regulations of the Institution and will not directly or indirectly indulge in any activity that Jeopardizes the sanctity of the college including **Ragging.**

Signature of the Candidate with Date **Signature of the Parent/Guardian**

Dr. Jawaz Ahmed Shah,
Member, Admission Committee
Assistant Professor,
PG Deptt. Of Prosthodontics,
Indira Gandhi Govt. Dental College, Jammu

Dr. Shalan Kaul,
Member, Admission Committee
Associate Professor,
PG Deptt. Of Pedodontics,
Indira Gandhi Govt. Dental College, Jammu

Dr. Iqbal Singh,
Chairman, Admission Committee
Professor & HOD
PG Deptt. Of Public Health Dentistry,
Indira Gandhi Govt. Dental College, Jammu

Principal & Dean,
Indira Gandhi Govt. Dental College,
Jammu.

ANNEXURE-II

(To be submitted by the candidate who have not joined any institute after passing 10+2)

AFFIDAVIT

I_____S/o D/o_____
R/o_____seeking admission to BDS course in Indira Gandhi Govt. Dental College, Jammu for the session 2026-27 hereby declare and affirm as under:-

1. That I have passed my 10+2 examination from the_____ in the year_____under Roll No. _____

2. That I have not joined any educational institute within or outside the state after passing 10+2 examination.

Deponent

Verification:-

Verified at Jammu_____day of_____ that the averments made by me in this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed there from.

Deponent

ANNEXURE-III

(TO BE SUBMITTED BY THE CANDIDATE)

AFFIDAVIT

I_____S/o/D/o _____
R/o_____ seeking admission to BDS course in Indira Gandhi Govt. Dental College, Jammu for the session 2026-27 hereby declare and affirm as under:-

That all the statements made in the admission application form and documents submitted for admission, are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. if my discrepancy is found later on in the documents/ students, I will be personally responsible for the same and shall be liable for any action.

DEPONENT

Verification:-

Verified at Jammu_____day of_____that the averments made by me in this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed there from.

DEPONENT

Annexure- IV

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

Space for Photograph

I certify that I have carefully examined Mr./Ms._____ Son/Daughterof Shri_____whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may be interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification_____

Signature of the Candidate_____

Place:-

Date:-

Name & Signature of the Medical Officer
with seal and registration number

*Strike whichever is not applicable