GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008
[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

STUDENT PERSONAL DETAILS

Surname of Student			Affix your recent passport size photo here
Name of Student			
Name of Father			
Name of Mother			
Admission Course Name Admission Year			
12th Exam Seat No.			
Neet Seat No.		Neet Total Obtained (out of 720)	
Neet All India Rank		Neet Category Rank	
Caste & Category (OPEN/EWS/SC/ST/SEBC)			
Admitted Category (Caste)			
Total Marks in Sci. sub. as per 12th Mark sheet (PCB Theory + Practical)		Total Marks / Obtained Marks /	
12th School Name & Address			
Birth Date & Place (as per (TC) School leaving certificate.)		Date: Place:	
Residential Full Address with Pin code & Phone no.		State: City: Address: Pincode:	
Father Occupation Address Contact no			
Name & Address of local guardian (if any) (Do you know anybody living nearby who can contact your child earliest in emergency)			
Admission Quota		☐ State Quota (GQ) / ☐ All india Quota (AIQ)	
Admission Date (as mentioned in your Admission Order)			
Date of Reporting in college			
Hostel Facility required.		☐ Yes / ☐ No	

No student is allowed to go to picnic personally or collectively. A prior written permission of the Dean is a must after which the warden will allow such activities. In daily routine, hostel warden's instructions should be scrupulously followed. Any indiscipline or violation of rules can result in termination of hostel admission. I agree to abide by the aforesaid rules.

Student's Signature
Date:
Place:

Signature of Parent / Guardian

GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

GOOD CONDUCT AND BEHAVIOR UNDERTAKING

NAME OF STUDENT:- _____

PERMANENT ADDRESS: - _____

_____

Affix your recent passport size photo here

I am writing to confirm my commitment to maintaining good conduct and behaviour during my time as a student at Govt. Dental College, Jamnagar. I understand and acknowledge the importance of upholding the values and standards of the college community, both in and outside the campus.

I am fully aware that my behaviour not only reflects upon me but also upon the institution I am a part of. Therefore, I pledge to adhere to the following guidelines throughout my tenure at this Institute:

1. **Respect for Others**: I will treat all members of the college community, including students, faculty, staff, and visitors, with respect and courtesy. I will value diversity and promote a safe and inclusive environment.
2. **Academic Integrity**: I will uphold the highest standards of academic honesty and integrity. I will complete all assignments and exams with my own effort and will refrain from any form of plagiarism or cheating.
3. **Attendance and Punctuality**: I will attend all classes, lectures, and events punctually, and I will notify my professors and relevant authorities in case of any anticipated absence.
4. **Discipline and Order**: I will follow all college rules, regulations, and codes of conduct. I understand that any violation may result in disciplinary action.
5. **Responsibility**: I will take responsibility for my actions and choices, both on and off-campus, and will strive to be a positive representative of this Institute.
6. **Engagement**: I will actively participate in extracurricular activities, community service, and other events that contribute to the college's vibrant academic and social environment.

By signing this letter, I acknowledge my understanding of the importance of good conduct and behaviour and pledge to uphold these principles during my time at this Institute. I am committed to maintaining the reputation of the college and contributing positively to the overall campus experience.

Signature of the student

Signature of the parent/ guardian

Date:

Place:

GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

Saurashtra University, Rajkot

Re- Accredited Grade 'B' by NAAC (CGPA 2.93)

Enrollment Form details

General Details (FILL IN CAPITAL LETTER)				Affix your recent passport size photo here
12th BOARD NAME (GSEB, CBSE, ICSE, ETC.)				
STUDENT FULL NAME AS PER 12TH MARKSHEET				
CATEGORY (CASTE)				
MALE / FEMALE				
DATE OF BIRTH				
STUDENT MOBILE NO.		BROTHER/SISTER MO.		
FATHER MOBILE NO.		MOTHER MOBILE NO.		
NATIONALITY				
RESIDENTIAL ADDRESS				
TALUKA				
DISTRICT				
PINCODE				
AADHAR CARD NO.				
EMAIL ID				
Student ABC ID (Academic bank of credit)				

Details of Previous Exam			
12th School Name			
12th Roll No. (Seat no.)		Percentage /Grade	
12th Passing Month & Year			
12th Exam Marks detail (Theory + Practical)	Subject	Total marks	Obtained Marks
	Physics		
	Chemistry		
	Biology		
	English		
	Sanskrit		
	Computer		
Any Other Subject			
	Total		

Date:

Place:

Signature of Student

GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

BDS DCI STUDENT DETAILS FORM

Academic Year is	20 - 2		Affix your recent passport size photo here
NEET Roll No.			
Course			
Student Full Name			
Male/Female			
Category (OPEN/EWS/SC/ST/OBC)			
Physically Handicap			
NEET Total Obtained Mark			
Student Email-id			
Student Mobile No.			
12th Board Name (GSEB, CBSE, ICSE, ETC.)			
12th PCB Marks Detail (Theory + Practical)	Theory + Practical		
	Subject	Out of Marks	Obtained Marks
	Physics		
	Chemistry		
	Biology		
Permanent Address	State:- City:- Address:- Pin code:-		
Current Address			
Counseling Authority Name (ACPUGMEC, MCC, ETC.)			
Admission Date (as mentioned in your Admission Order)			
Date of Reporting in college			

Date:

Place: Signature of Student

GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

Declaration and Consent Form Regarding Completion of BDS Course

I, _____, have been granted admission in the academic year _____ to the First Year BDS course at Government Dental College and Hospital, Jamnagar. My date of admission to the First Year BDS is _____.

I hereby acknowledge that I have read and understood the **Dental Council of India (DCI) Revised BDS Course Regulations (7th Amendment), 2015**. As per these regulations, the BDS course, including the compulsory rotatory internship, must be completed **within a maximum period of 9 years** from the date of admission. Furthermore, I am aware that I must successfully pass the Final Year (4th Year BDS) **within 7.5 years** from the date of my initial admission.

I understand that failure to complete the BDS course (including the internship) within the stipulated period of 9 years will result in **forfeiture of my right to obtain the BDS degree**, and I accept that the entire responsibility for such failure will rest solely with me.

I also hereby undertake to comply fully with all rules, regulations, and academic requirements as prescribed by the Government Dental College and Hospital, Jamnagar, and by the Dental Council of India, New Delhi.

Parent/Guardian Consent:

I, _____, the parent/guardian of the above-named student, have read and understood the above regulations and implications. I hereby provide my full consent and undertake that my ward will abide by the same. I understand that non-compliance with the course duration and academic requirements may result in cancellation of admission or disqualification from the BDS degree, for which I will not hold the college or its authorities responsible.

Signature of the student **Signature of Parent/Guardian**

_____ _____

(Name: _____) (Name: _____)

(Mob: _____) (Mob: _____)

Date:

Place:

Undertaking Form for Attendance

Student's Name: _____

Year: 1st Year BDS

Admission Year: _____

Date of Admission: _____

Student Mobile Number: _____

Parents Mobile Number: _____

Date: _____

To,
The Dean,
Government Dental College and Hospital,
Jamnagar.

Respected Sir/Madam,

I, _____, hereby declare that I understand and agree to the following

1. I am aware that a minimum of 75% attendance in each subject/class is compulsory to be eligible for appearing in the examination.

2. I will ensure regular attendance and actively participate in academic activities.

3. I will make sure to inform the college authorities if I take extended leave, and provide the necessary documentation.

4. I understand that failure to meet the minimum attendance requirement may result in my disqualification from exams or other disciplinary actions as per the institution's rules.

I agree to abide by the above rules and take full responsibility for maintaining the required attendance.

Signature of the student **Signature of Parent/Guardian**

_____ _____

(Name: _____) (Name: _____)

(Mob: _____) (Mob: _____)

Date:

Place:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr. / Ms _____ _____ who is desirous of admission to _____ Course.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the _____ course.

The notable findings during clinical examination of Mr. / Ms _____ are as under:

(1) Absence of any incapacitating and /or progressive systematic disease/disorder / condition

(2) Absence of any disability of upper limb/s

(3) Absence of any major visual/auditory disability

(4) Absence of psychosis/neurosis/mental retardation

(5) Ability to maintain erect posture

(6) Reasonable manual dexterity

Name of Registered Medical Practitioner: _____

Registration No.: _____

Address of the Registered Medical Practitioner: _____

_____

Signature: _____

Date:

Seal of Registered Medical Practitioner

GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

BDS DOCUMENTS SUBMISSION LIST (TICK MARKED)

- ☐ 1. Rank Letter / AIQ Marksheet –AIQ only (1 Original & 1 copy)
- ☐ 2. Admission order/ Provisional Allotment letter (1 Original & 1 copy)
- ☐ 3. Admit Card –AIQ only (1 Original & 1 copy)
- ☐ 4. NEET Mark sheet
- ☐ 5. HSC/ 12th Marksheet
- ☐ 6. HSC/ 12th Passing certificate (if separate)
- ☐ 7. SSC/ 10th Marksheet
- ☐ 8. SSC/ 10th passing certificate (if separate)
- ☐ 9. T.C. / School Leaving Certificate
- ☐ 10. Migration Certificate (for all candidates except GSHSEB only)
- ☐ 11. Caste Certificate (applicable for OBC/EWS/SC/ST category)
- ☐ 12. Non-Creamy Layer Certificate (OBC Students Only)
- ☐ 13. Aadhar card copy
- ☐ 14. Father/Mother's ID proof- Aadhar card copy
- ☐ 15. Provisional Eligibility Certificate (PEC) from Saurashtra University, Rajkot (except GSHSEB candidates) (website- https://exam.saurashtrauniversity.edu/erp/)
- ☐ 16. Relieving letter (only for 2nd and 3rd round candidates who had been allotted a seat in 1st round) – AIQ only (1 Original & 2 copy)
- ☐ 17. Student ABC ID (Academic bank of credit) Copy (website - https://www.abc.gov.in)
- ☐ 18. Medical Fitness Certificate (1 Original & 1 copy)
- ☐ 19. Certificate of Disability issued by prescribed Hospitals and in prescribed format only (if applicable) (1 Original & 1 copy)
- ☐ 20. Student Passport Size Photos (4 Photos for admission form)

- ➢ Two (2) separate set of copies (self-attested) of all of the above documents (No. 1-19)

- ➢ Keep all these Original documents in a closed flap button folder and submit. (AIPMT Students only)

Date: _____ Signature of Student: _____