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		
MDS Branch Name		
4th BDS Exam Seat No.		
Neet Roll No.		
General Merit		
Admitted Category		
Caste & Category (OPEN/EWS/SC/ST/SEBC)		
Name & Address of the BDS College		
Total Marks 4th BDS	Obtained Marks / Total Marks /	
Birth Date & Place (as per Leaving/Transfer certificate.)		
Residential Address with Pin code & Phone no.	State: City:	
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)	
Date of Reporting in college		
Hostel Facility required.	☐ Yes / ☐ No	
Date of Admission in hostel		

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 : - Signature of Parent / Guardian : -

Date:

Place:

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GOOD CONDUCT AND BEHAVIOR UNDERTAKING

Affix your recent passport size photo here

NAME OF STUDENT:- _____

PERMANENT ADDRESS:- _____

_____

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:

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Saurashtra University, Rajkot

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

Enrollment Form Details (FILL IN CAPITAL LETTER)

STUDENT NAME AS PER BDS MARKSHEET			Affix your recent passport size photo here
ADMISSION QUOTA (STATE / AIQ)			
MALE / FEMALE			
DATE OF BIRTH			
EMAIL ID			
CATEGORY (CASTE)			
STUDENT MOBILE NO.		BROTHER/SISTER MO.	
FATHER MOBILE NO.		MOTHER MOBILE NO.	
AADHAR CARD NO.			
STUDENT ABC ID (Academic bank of credit)			
NATIONALITY			

Permanent Address

STATE	
DISTRICT / TALUKA	
RESIDENTIAL ADDRESS	
PINCODE	

Details of Previous Exam

BDS University Name			
BDS College Name			
4th BDS Passing Month		4th BDS Passing Year	
4th BDS Seat no. (Roll no.)		4th BDS Attempt	

Subject Name	Theory + Practical Total Marks	Theory + Practical Obtained Marks
PUBLIC HEALTH DENTISTRY		
PERIODONTOLOGY		
ORTHODONTICS		
ORAL MEDICINE AND RADIOLOGY		
ORAL AND MAXILLOFACIAL SURGERY		
CONSERVATIVE DENTISTRY AND ENDODONTICS		
PROSTHODONTICS AND CROWN AND BRIDGE		
PAEDIATRICS AND PREVENTIVE DENTISTRY		
Percentage/Grade	**Total Marks**	

Signature of Student_____

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MDS DCI STUDENT DETAILS FORM

Academic Year is	20 - 2
NEET Roll No.	
Student Name	
Male/Female	
Course	
Specialization (Subject)	
Category (OPEN/EWS/SC/ ST/OBC)	
Physically Handicap	
Student Email-id	
Student Mobile No.	
Aadhar No.	
BDS College Name	
Internship completed month & Year	
4th BDS marks	Total Marks:- / Obtained Marks:-
4th BDS Percentage	
State Dental Council Name	
Dental Council Registration Number	
Permanent Address	State: - City: - Address: - Pin code:-
Current Address	
Counselling Authority Name (ACPUGMEC, MCC, ETC.)	
Student Allotment Letter No. (User id)	
Student Allotment Letter Date	
Date of Admission	

Date:

Place: Signature of Student

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

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MDS ORIGINAL DOCUMENTS SUBMISSION LIST (TICK MARKED)

- ☐ 1. NEET Registration copy
- ☐ 2. NEET exam admit card
- ☐ 3. Provisional allotment letter of admission of respective round
- ☐ 4. Final AIQ rank letter
- ☐ 5. 10th mark sheet
- ☐ 6. 10th passing certificate
- ☐ 7. 12th mark sheet
- ☐ 8. 12th passing certificate –if seperate
- ☐ 9. 1st to Final BDS Marksheets (All attempt marksheets and verified by BDS University)
- ☐ 10. BDS Attempt Certificate
- ☐ 11. BDS Degree Certificate / Provisional Degree Certificate.
- ☐ 12. Internship completion certificate
- ☐ 13. Permanent / Provisional Registration Certificate issued by DCI/State Dental Council.
- ☐ 14. School leaving certificate suggesting Date of Birth / Domicile Certificate
- ☐ 15. Caste certificate (For reserved Category / PwD candidates)
  - a. SC/ST Certificate issued by the competent authority, should be as per MCC format and should be in English or Hindi language. Sub caste should be clearly mentioned in the certificate.
  - b. OBC certificate issued by the competent authority, issued in the last 1 year only. The sub caste should tally with the Central Lis t of OBC. The OBC candidates should not belong to Creamy Layer. The OBC certificate must be in the format as mentioned in the MCC prospectus/ Bulletin
  - c. Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act, 2016. No other PwD certificate, issued by any other Authorities/ Hospital will be entertained.
- ☐ 16. Non-Creamy Layer Certificate (OBC Students Only)
- ☐ 17. Aadhar card copy
- ☐ 18. Relieving letter from previous institute in case of AIQ round 2.
- ☐ 19. Medical Fitness Certificate
- ☐ 20. Provisional eligibility Certificate from Saurashtra Uni., Rajkot- copy
- ☐ 21 Student ABC ID (Academic Bank of credit) copy, (website - https://www.abc.gov.in)
- ☐ 21. Father/ Mother's ID proof- Aadhar card copy
- ☐ 22. Transfer certificate from BDS College
- ☐ 23. Migration certificate from University
- ☐ 24. Student Passport Size Photos- 5 Photos

☐ Two (2) separate set of copies (attested/ self-attested) of all of the above documents (No. 1-23)

☐ Keep all these documents in a closed flap button folder and submit.

Date: _____ Signature of Student: _____