સૌરાષ્ટ્ર યુનિવર્સિટી

પી. જી. ટી. આર. વિભાગ

યુનિવર્સિટી કેમ્પસ, યુનિવર્સિટી રોડ, રાજકોટ - ૩૬૦૦૦૫

ફોન નં. : (૦૨૮૧) ૨૫૭૮૫૦૧ એક્સટે. નં. ૨૨૨૬ નં.:(૦૨૮૧)૨૫૭૬૫૩૪૭ઈ-મેઈલ :pgtr@sauuni.ac.in

PGTR/ No/ 2404036 /2024 Date: 14 /05/2024

To,

The Secretary,

Dental Council of India

New Delhi.

Subject: Consent Letter for affiliation.

Respected Sir,

Saurashtra University has received application from the Dean, Govt. Dental College and Hospital, Jamnagar for starting Post- Graduation Courses (MDS) in the following subjects.

Sr. No.	Name of the Speciality	Intake Capacity for 1 Unit
1.	Public Health Dentistry	03 (Three) Seats
2.	Paediatric and Preventive Dentistry	03 (Three) Seats
3.	Orthodontics and Dento-facial Orthopaedics	03 (Three) Seats

This University hereby gives consent to give Affiliation/Recognition to the above mentioned subjects if the Government of India/ Dental Council of India grants permission to start M.D.S. course in the above subjects.

Yours sincerely,

Registrar.