



**MAHARASHTRA INSTITUTE OF DENTAL SCIENCES  
AND RESEARCH (MIDSAR) DENTAL COLLEGE, LATUR**

Vishwanathpuram, Ambajogai Road, Latur – 413512, Maharashtra, India.

Form No.

**Dear Student Friends,**

A prosperous professional career awaits every disciplined, dedicated, honest, sincere and hardworking doctor.

Please select the **medicine** course and the Institute, which can help in developing a “Winning Personality” for your lifetime career.

**APPLICATION FOR ADMISSION  
TO THE 1<sup>ST</sup>/2<sup>ND</sup>/3<sup>RD</sup>/4<sup>TH</sup> YEAR OF DEGREE COURSE IN BDS/MDS (.....)**

**Sir,**

I am submitting herewith the necessary details in the following format for admission the faculty of dental of Maharashtra Academy of Engineering and Educational Research, (MAEER’s MIT Pune Dental College).

Place :

Date :

(Signature of Student)

1. Surname :																			
First Name :																			
Middle Name:																			
Mother Name:																			

Address for Correspondence : .....

City..... Tq..... Dist..... State.....(PIN).....

Telephone (with STD Code) : ..... E-mail: .....

Mobile No. : 1. Student ..... 2. Parent’s .....

Nationality : Indian/Other..... Of Other then Passport No.: .....

Unique Identification (Aadhaar) No. : .....

Date of Birth (DD-MM-YY) : ..... Gender : Male/Female : .....

2. Category : .....

Open	OBC	SBC	SC	ST	VJDT	NT1	NT2	NT3
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Religion : ..... Caste : ..... Sub Caste : .....

**For Office Use Only**

Merit No. :  Admission Round No.  Admission Quota :

Receipt No.:  Date of Receipt :  Admitted to :

Scrutinized By :  Checked By :  Rechecked By :

3. a) I have passed the Higher Secondary Certificate (Std.XII) Examination conducted, by .....  
Board of Maharashtra State with not less than 50% marks (for BC 40%) in the subject of Biology, Physics and Chemistry taken together and also in the subject of Biology, Physics, Chemistry and English taken together at one and the same sitting. **Yes/No**

OR

b) I have passed the Higher Secondary Certificate (Std.XII) Examination conducted, by .....  
Board of outside Maharashtra State with not less than 50% marks (for all candidate including B.C.) in the subject of Biology, Physics and Chemistry taken together and also in the subject of Biology, Physics, Chemistry and English taken together at one and the same sitting. **Yes/No**

4. Domicile of Father : Maharashtra/Other ..... Mother : Maharashtra/Other.....

5. Details of Institutions where studied and examination passed.

Examination	Name of the Board	Month & Year of Passing	Name & Address of Institution with State	Exam. Seat No.	Passing Certificate No.
1. SSC or equivalent					
2. HSC or equivalent					

6. Details qualifying examination: (If the marks are not out of max. marks a specified below then they should be converted suitable.)

Marks	S.S.C.	H.S.C. or equivalent aggregate	Marks obtained in subject at HSC or equivalent.				PCB Total	PCBE Total
	Total Marks		Physics	Chemistry	Biology	English		
Max. Marks			100	100	100	100	300	400
Marks Obtained								

7. Name of the appeared CET Examination : MH-CET/other If other : .....

Month :  Year :  Marks Scored :  Percentage :  %

8. Attested true copies (except Medical Certificate) of certificates to be attached in following order:-

**To be produced**

**Whether attached**

a) **By All**

- |  |        |
|--|--------|
| (i) S.S.C. Statement of Marks  | Yes/No |
| (ii) S.S.C. Passing Certificate  | Yes/No |
| (iii) H.S.C. Statement of Marks  | Yes/No |
| (iv) H.S.C. Passing Certificate  | Yes/No |
| (v) Original Leaving Certificate (After qualifying examination)                  | Yes/No |
| (vi) Domicile /Nationality   | Yes/No |
| (vii) NEET –UG Score Card  | Yes/No |
| (viii) GOI Selection Letter  | Yes/No |
| (ix) Medical Fitness Certificate in prescribed Proforma in original on page no.4 | Yes/No |
| (x) Educational Gap Certificate (if applicable)                                  | Yes/No |
| (xi) Migration Certificate (if applicable)                                       | Yes/No |
| (xii) Physically Handicapped Certificate (if applicable)                         | Yes/No |
| (xiii) Affidavit regarding Anti ragging  | Yes/No |

b) **By Candidates belonging to Reserve Category:**

- Caste Certificate from the Competent Authority of Maharashtra
- Caste Validity Certificate from the Competent Authority of Maharashtra
- Non Creamy Layer Certificate Valid upto 31<sup>st</sup> March 20 .

9. **Parent's/Guardian's Information –**

a) Full Name: .....  
(Surname) (First Name) (Middle Name)

b) Occupation ..... Annual Income.....

c) Name and address of work place : .....  
Tq..... Dist. .... PIN..... State..... Tel.(With STD).....

d) Present Residential Address.....  
Tq..... Dist. .... PIN..... State..... Mobile.....

10. Please write your address in BLOCK letters.

Permanent Address:

Local Address:


Pin ..... Tel.STD..... Pin ..... Tel.STD.....

11. (a) I hereby declare that

(i) I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.

(ii) The information given above is true to the best of my knowledge and belief.

(b) I hereby undertake that

(i) If admitted, I will abide by the rules and regulations in force at present or that may hereafter be made for the Institute and so long as I am student of the institute, I will do nothing either inside or outside the institute that will interfere with the ordinary governance and discipline.

(ii) On selection for admission to MIDSR/MIDER Dental College, I will sign the requisite bond as prescribed by the Management.

Place :

Date :

(Signature of Candidate)

Full Name : .....

12. Declaration to be signed by candidate belonging to Backward Classes/Reserve Categories.

I understand that the admission given to me against the quota for reserved category is purely provisional and will be cancelled if Caste Certificate or Cast Validity Certificate is cancelled/rejected by the Director of Social Welfare, Maharashtra State.

Place :

Date :

(Signature of Candidate)

Full Name : .....

13. Declaration by the candidate's Father/Guardian:

I do hereby declare that –

(i) The particulars furnished by my son/daughter/ward in this application form are correct to the best of my knowledge

(ii) I undertake and bind myself to pay on behalf of my son/daughter/ward such fees, charges etc. which the Institute to which he/she is finally admitted may levy from time to time by the due date and in the event of failure on my part and /or on the part of my son/daughter/ward, the Principal of the Institute may take any such action against my son/daughter/ward, as he/she may deem fit.

(iii) I will sign the requisite agreement bond as prescribed by the Management.

Place :

Date :

(Signature of the Candidate's Father/Gardian)

Full Name : .....

**CERTIFICATE OF MEDICAL FITNESS**

(To be produced by all)

This is to certify that I have conducted clinical examination of Mr./ Mrs. .... who is desirous of admission to Health Sciences Courses.

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 professional course.

Certified that he/she fulfills the following criteria.

- 1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition.
- 2) Absence of any disability of upper limb/s.
- 3) Absence of any major visual/auditory disability.
- 4) Absence of phychosis/neurosis/mental retardation.
- 5) Ability of maintain erect posture.
- 6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a medical/Dental,Ayurved.

- 1. ....
- 2. ....
- 3. ....

Address of the Registered Medical Practitioner.	Signature
	Name
	Qualification
	Registration No.
	Seal of Registered Medical Practitioner
Date	

**Maharashtra Academy Of Engineering And Educational Research, Pune  
FACULTY OF DENTAL  
AGREEMENT**

I..... hereby affirm that I have taken admission to the First year Degree Course in MIDSR/MIDER Dental College, at the MAEER’s faculty of Dental on my own and I solemnly assure and undertake to abide by all rules and regulation laid down by the management of the aforesaid college, assure government and Maharashtra University of Health Sciences, Nashik to which it is affiliated from time to time and if I fail to do so, I will be liable for any punishment, including expulsion from the Institute.

I am fully aware that the Institute is going to charge Rs..... Lakhs per year as tuition fee for BDS/PG (.....) course and I hereby agree to pay the fees.

I shall not ask for transfer from the aforesaid College to any other college under any circumstances.

I will accept seat in the medicine course and the college available by merit at the time of actual admission.

I am aware that the rules for reservation are applicable from time to time will be binding on me.

I shall not claim any kind of financial assistance and help from Government for any education in the aforesaid institute.

As per the High Court, Mumbai order of Aug 2003 at the time of confirmation of admission to First year BDS Course.

I will be submitting necessary bank guarantees required as guarantee for payment of balance tuition fees for whole course.

I will be paying the entire course fee as per the college schedule irrespective of my discontinuation or failure of Dental Course.

Date :

Place :

**Signature of Father/Guardian**

**Signature of Student**

Full Name :.....

Full Name :.....

**MAEER’S MIT PUNE, INDIA stands for discipline and character building.  
It is committed to help the student to grow physically strong, mentally alert,  
Intellectually sharp and spiritually elevated transforming them  
into winning personalities of tomorrow.**

**THOSE STUDENTS WHO FEEL THAT DISCIPLINE IS A PUNISHMENT  
NEED NOT TAKE TROUBLE TO APPLY FOR ADMISSION TO  
MAEER’S MIDSR DENTAL COLLEGE, LATUR.**