

MAHARASHTRA INSTITUTE OF DENTAL SCIENCES AND RESEARCH, LATUR

PG ADMISSION REVIEW CHECK LIST

Original Certificates and 03 sets of attested Xerox copies to be submitted by the candidates.

We the undersigned (**Admission Committee members**) have checked the admission form duly Completed in respect of Miss/Mr. _____

and found correct as well as eligible for admission in Post Graduate Course (MDS) for the year _____

We have also checked the following document attached with application which are required for completion of Admission procedure.

Sr. No.	Name of Certificates	Remark Yes / No
01	Admit card/Original Receipt –cum-identity card	
02	Photo ID Proof (Aadhar, Election ID, PAN Card, Valid Passport) as per rule 8.8	
03	Copy of Downloaded PGD-CET-2015 Statement of Marks & Selection Letter.	
04	Age, Nationality & Domicile Certificate	
05	SSC Statement of Marks	
06	SSC Passing Certificate (As a Certificate of Age)	
07	HSC Statement of Marks	
08	HSC Passing Certificate	
09	First B.D.S. Statement of Marks	
10	Second B.D.S. Statement of Marks	
11	Third B.D.S. Statement of Marks	
12	Final B.D.S. Statement of Marks (If Sem. I & Sem. II Submit Both Certificates)	
13	B.D.S. Passing Certificate	
14	Internship Completion Certificate from University	
15	B.D.S. Degree Certificate	
16	Internship Completion Certificate from Head of Institution	
17	Registration Certificate (MSDC / DCI) (Refer rule no. 6.3)	
18	College Leaving Certificate	
19	Attempt Certificate of All B.D.S. Examination duly signed by Head of Institution	
20	Reorganization Certificate for B.D.S. Degree College {Recognized by DCI, New Delhi.}	
21	Medical Fitness Certificate (As per Annexure-M)	
<u>IF APPLICABLE</u>		
22	Caste Certificate (If applicable)	
23	Caste Validity (If applicable)	
24	Non Creamy Layer Certificate for DT/VJ/NT/OBC/SBC (if applicable)	
25	Domicile Certificate (If B.D.S. Outside of Maharashtra)	
26	Migration Certificate issued by the respective Board / University (if Applicable)	
27	Person of Disability (PWD) Candidates (As Per Annexure D Certificate)	
28	Affidavit Gap Certificate after completion of Internship (certified by Executive Magistrate)	
29	Undertaking by student on stamp paper regarding Fee	
30	DMER Selection Letter (Selected Candidates only)	
31	Affidavit for change in Name-A copy of Govt. Gazette, Marriage Registration Certificate	
Any other required Certificates		

We the undersigned (**Admission Committee members**) have checked the admission form duly Completed in respect of Miss/Mr. _____

and found correct as well as eligible for admission in Post Graduate Course (MDS) for the year _____

We have also checked the above documents attached with application which are required for completion of Admission procedure.

PROVISIONAL ADMISSION GRANTED

Signatures of Admission Committee Members

**STU Incharge
(Scrutinized)**

**Office Superintendant
(Checked)**

**Administrative Officer
(Rechecked)**

Dr. _____
(Lecturer)

Dr. _____
(Reader)

Dr. _____
(Professor/Convener)

PROVISIONAL ADMISSION GRANTED

Place: Latur

Date: - / /201

**Principal
MIDSR Dental College, Latur.**

MAEER'S
MIDSR DENTAL COLLEGE, LATUR

1st Year MDS Admission 2015-2016

Date: - / /201

Admission Form No. _____

Name of the Student:

(Capital letters) Surname Name Father's Name Mother's Name
Mobile No.: _____ Email ID _____

PGD-CET Merit No. _____ PGD-CET Marks _____ PGD-CET % _____

Class	Marks Obtained	Marks Out Of	Percentage	No. of Attempt
I BDS	_____	_____	_____	_____
II BDS	_____	_____	_____	_____
III BDS	_____	_____	_____	_____
IV BDS I Sem.	_____	_____	_____	_____
IV BDS II Sem.	_____	_____	_____	_____
IV BDS	_____	_____	_____	_____
Aggregate BDS	_____	_____	_____	_____

I have pass BDS from College (Name & Place) _____

I am holding BDS degree of University (Name & Place) _____

Reserved /Open: Yes / No

Hostel accommodation: Yes / No

1. Permanent Address: _____
_____ Pin Code _____

Tq. _____ Dist. _____ State _____

2. Native Place Address: _____
_____ Pin Code _____

Tq. _____ Dist. _____ State _____

3. Local Guardian Name & Address: _____
_____ Pin Code _____

Tq. _____ Dist. _____ Mob. No. _____

Mobile Numbers:- 1) Student _____ 2) Father _____
3) Mother _____ 4) Brother _____

(Signature of the parent)

(Signature of the candidate)

MAHARASHTRA INSTITUTE OF DENTAL SCIENCES AND RESEARCH,
(DENTAL COLLEGE AND HOSPITAL), LATUR. (DISCIPLINE AND CONDUCT RULES)

It is imperative that the students strictly adhere from the day of opening to closing of each term for attendance during the academic year. The student must be absolutely regular in his / her attendance. In case the student's attendance is less than the required his /her terms will not be granted/ or examination form will not be forwarded to the University. In case of any genuine reason the student and his /her guardian must inform in writing to the authorities of the Institute about the reason of absence in advance, but he/she will not get any relaxation in percentage of attendance.

If a student remains absent without prior, written permission of the Director/ Dean, he will have to accept punishment as decided by the authority. The Management reserves the right to cancel his/her admission from the Institute and strike out his/her name from the roll. Such a student will not be entitled for any refund of fees.

The student should complete all the term work and other assignment as per schedule. Strict disciplinary action will be taken against defaulters.

The student and parents should specially note that if the student fails to complete the term work regularly and to the entire satisfaction of the Head of the Department / Institution, he /she will not be granted the terms and will not be allowed to appear for the University Examination.

The student should note that he/ she is responsible to the authorities of the Institute not only for his/ her conduct in the premises of the Institute but also for his /her conduct in general outside premises as well. Student should help in maintaining the building and the campus of the Institute clean and tidy.

The student must wear the college uniform on the 1st and 4th day of every week (Monday and Thursday) and at the time of college functions. The details regarding the uniform can be obtained from the college office. The student must make arrangement for stitching the uniform immediately. He/she will not smoke/ chew Tobacco/ Gutca in the college campus. He / She will not addict to such bad habits including consumption of Alcohol. If anyone found breaching the rules, the college authority can give severe punishment to him/her.

RAGGING in the campus or outside the campus is very serious offence under **IPC Clause (3) of article 348 of Ragging Act. 1999**. If found involved in such offence He / She will be liable to undergo rigorous Imprisonment of **02 to 04 years or any other punishment** including expulsion from the course.

Signature of Guardian / Parent

Signature of Candidate

Full Name:-----

Full Name:-----

Date:

Date:

AGREEMENT

THIS AGREEMENT made and entered into contract at Latur on this _____ Day of month _____ Two Thousand _____ between.

Prof. Dr. V.D. Karad

Age _____ years.

Founder, Executive President & Director
Maharashtra Institute of Dental Sciences & Research
(Dental College & Hospital), Latur.

(Hereafter referred to as "TRUSTEE" which expression unless repugnant to the context or meaning there of shall mean and include the trustees for the time being of Maharashtra Institute of Technology, serving trustees their success or and assignee.)

AND

Mr. _____

Age about _____

Occupation _____

Address _____

ON THE OTHER PART

Who is guardian of the student Master / Miss _____

and who is the father/Mother /Guardian of this student (hereinafter referred to as "The Guardian" which expression unless repugnant the context or meaning thereof shall mean and includes his heirs successors nominees and assignee.) Where the "Trustee" running Maharashtra Institute of Dental Sciences and Research (Dental College & Hospital), Latur a public Charitable Trust, (here in after referred to as " Said College") Registered under the Bombay public Trust Act 1950 and under the societies Registration Act 1860 is executive authority over all day to day activities of the Trust.

AND WHERE AS ABOVE named father/ Mother / Guardian of under mentioned ward, is interested in having an admission for POST Graduate Course and conditions mentioned here in below:-

2. The Guardian agrees and undertakes that:-

- (a) In no circumstances whatsoever, the Guardian or any other person shall be entitled to claim any refund of the aforesaid tuition fees or any part in the event of the ward leaving the college.
 - (b) The Tuition fees shall be paid by him strictly in accordance with the fees fixed by **Shikshan Shulka Samiti, appointed by Govt. of Maharashtra.**
The Guardian and the student jointly agree to pay the Tuition fees continuously for 03 years. We further agree to pay the late fees @ 0.035% per Day from 1st June every year.
 - (c) Even if for any reason whatsoever the said minor fails or is unable to continue the said Post Graduate course or if the said ward gets himself transferred to any other medical college, the Guardian shall be bound and liable to pay full tuition fees for the entire course in the manner aforesaid.
 - (d) The Guardian hereby agrees that it is his responsibility to see/observe the rules, regulations and discipline, with regular attendance and in case of failure in this respect the decision of the Management will be binding on him/her and final.
3. It is clarified that the obligation and liability of the Guardian to pay the tuition fees shall not be affected in any manner by or any person whatsoever.
4. The Guardian and the student jointly and unitedly will abide themselves to pay outstanding fees for the entire course in the event the student is not allowed to continue his study due to any reasons including disciplinary action either by the college or by the University.
5. The Guardian agrees that all disputes arising out of the present agreement shall be under the jurisdiction of the High Court at Mumbai (Aurangabad Bench).

IN WITNESS THERE OF THE PARTIES HERE TO HAVE PUT THE SIGNATURE TO THE DAY AND THE YEAR HEREIN BEFORE MENTIONED.

Witness

1. _____
(Signature)

Name: _____

Occupation: _____

Address : _____

2. _____
(Signature)

Name: _____

Occupation: _____

Address: _____

Parties to Agreement

Student _____
(Signature)

Name: _____

3. _____
(Signature of Parents)

Name: _____

**Principal,
MIMSR Medical College, Latur**

MAHARASHTRA INSTITUTE OF DENTAL SCIENCES AND RESEARCH,

(MIDSR DENTAL COLLEGE AND HOSPITAL), LATUR.

NATIONAL INSURANCE COMPANY LTD

(DIVISIONAL INSURANCE CO.LTD)

205, B-2, e-Ward, Cosmos Commercial Complex, Station Road, Kolhapur.

AMARTYA SIKSHA YOJANA POLICY 20 -20

(For Dental UG/PG/PGD Students in the State of Maharashtra)

UNDERTAKING

Only the earning Parent/ Legal Guardian if any, is authorized to claim the AMARTYA SIKSHA YOJANA POLICY.

The claim will be effective from the date of Demand Draft received by National Insurance Co. Ltd. at Kolhapur.

I am fully understood and agreed to above undertaking.

(Signature of the student)

(Name: - _____)
(Full Name In Capital Letter)

(Signature of the Earning Parents / Legal Guardian)

(Name: - _____)
(Full Name in Capital Letter)

Earning Parents/Legal Guardian Age _____

Relationship with student:- _____

Address:- _____

Taluka _____ Dist. _____

Pin Code _____ State _____

Phone No (With STD code) _____

Mobile No. 1) _____ 2) _____

UNDERTAKING BY THE CANDIDATE / STUDENT

Name of student: _____

Name of Parents/Guardian: _____

1. We have carefully read & fully understood the law prohibiting ragging & the directions of the Supreme Court/Dental Council of India, New Delhi/ State Government of Maharashtra/ MUHS, Nashik in this regard.
2. I hereby undertake that-
 - A. I will not indulge in any behavior or act that may come under the definition of ragging.
 - B. I will not participate in or abet or propagate ragging in any form.
 - C. I will not hurt anyone physically or psychologically or cause any other harm.
3. I hereby agree that if I found guilty of any aspect of ragging, Dean/Principal may punish me as per the provisions of the Supreme Court Regulations the law in force.

Signature of Candidate/Guardian

Principal,
MIDSR Dental College,
Latur.

Place: Latur

Date: / /201

UNDERTAKING BY THE PARENT / GUARDIAN

Name of student: _____

Name of Parents/Guardian: _____

We, the undersigned, hereby give an undertaking that we have read the relevant instructions/regulations against ragging as well as punishments and that if the ward/Department has been found guilty, he/she shall be prosecuted for the offence and it shall be binding for us.

Signature of Parents/Guardian

Principal,
MIDSR Dental College,
Latur.

Place: Latur

Date: / /201

Date: - / /201

To,

The Principal,
MIDSR Dental College,
Latur

Subject: Permission for submit original certificate.

Respected Sir / Madam,

I the undersigned give an undertaking that the following Original Certificates which could not be produced at the time of UG/PG _____admission for the year 2015-2016 on _____and will be submitted within _____ days, failing to which my admission may be cancelled.

1. _____
2. _____
3. _____
4. _____
5. _____

Kindly give the permission for provisional admission.

Signature of Guardian / Parent
Date:
Name: _____

Signature of Candidate
Date:
Name: _____

Place: Latur

Date: / /201

UNDERTAKING

(on Rs. 100/- Stamp Paper)

I, ----- Son/Daughter/Wife of ----
----- Indian inhabitant, residing At & Post (Full
address) do solemnly affirm and state as under:

1. I say that I have appeared for the PGD-CET-2015 examination conducted by directorate of Medical Education & Research, Mumbai and secured admission in the academic year 2015-2016 in Dental College.
2. I say that solemnly on the basis of merit I have been admitted to the MIDSR Dental College, Latur in MDS ----- (Subject) course in 50% State quota in the academic year 2015-2016.
3. I say that at the time of securing my admission I have paid Tuition and Development fee amounting to Rs. -----/-
4. I say that I am fully aware that the aforesaid fee to be paid by me is interim fees and is subject to revision at any time. In the event of the fees being increased by the Shikshan Shulk Samiti, Mumbai or Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from the date of notification.
5. I hereby also undertake that I will not challenge the increase in the amount of the fees for any reason whatsoever.

Solemnly affirmed at -----

(Student's name & Signature)

This -----day of -----

Identified by me -----

(Parent's name & Signature)