

MAHARASHTRA INSTITUTE OF DENTAL SCIENCES AND RESEARCH, LATUR

UG 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 1st BDS 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	Agreement Forms	
02	Amartya Siksha Yojana Policy Form	
03	Undertaking by the Candidate/Student	
04	Undertaking by the Parent/Guardian	
05	Undertaking by student on stamp paper regarding Fee	
06	Undertaking on Stamp Paper of Rs.100/- (Caste Validity - If Applicable)	
07	Undertaking (Original Documents)	
08	MUHS, NASHIK Eligibility Form	
09	Status Retention Form (As per Annexure-H)	
10	Admit card/Original Receipt -cum-identity card	
11	Photo ID Proof (Aadhar, Driving License, PAN Card, Valid Passport)	
12	MHT-CET-2014 Statement of Marks	
13	DMER Selection Letter (College Allotment Letter)	
14	Nationality/Domicile Certificate	
15	SSC Statement of Marks (10 th)	
16	SSC Passing Certificate (10 th)	
17	HSC Statement of Marks (12 th)	
18	HSC Passing Certificate (12 th)	
19	College Leaving Certificate	
20	Medical Fitness Certificate (As per Annexure-I)	
<u>IF APPLICABLE</u>		
21	Affidavit Gap Certificate (SELF)	
22	Caste Certificate	
23	Caste Validity Certificate	
25	Non Creamy Layer Certificate for DT/VJ/NT/OBC/SBC	
26	Migration Certificate (issued by the respective Board / University)	
27	Any other required Certificates	

Signatures of Admission Committee Members

**STU In-charge
(Scrutinized)**

**Office Superintendent
(Checked)**

**Administrative Officer
(Rechecked)**

**Dr. Bansode Shriram
(Asstt. Prof.)**

**Dr. Doiphode Amol
(Asstt. Prof.)**

**Dr. Kangne Suresh
(Professor/Convener)**

PROVISIONAL ADMISSION GRANTED

**Date: - / /201
Place: Latur**

**(Dr. Syed Ahmed)
Principal
MIDSR Dental College, Latur.**

MAEER PUNE'S
MIDSR DENTAL COLLEGE, LATUR

IST YEAR BDS ADMISSION 2014-2015

Date: - / /2014

Admission Form No. _____

Name of the Student:

(Capital letters) Surname Name Father's Name Mother's Name

Male/Female _____ Email ID _____

MHT-CET SML No. _____ MHT-CET Marks _____ MHT-CET % _____

12th Physics _____ Chemistry _____ Biology _____ PCB Total _____ 12th English _____

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 _____

5) Sister _____ 6) Landline _____

(Signature of the parent/Guardian)

(Signature of the candidate)

Name _____

Name _____

Date :- / /2014

Date :- / /2014

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

(DISCIPLINE AND CONDUCT RULES)

It is imperative that the students strictly adhere to the day of opening and closing of each term during the academic year. The student must be absolutely regular in his / her attendance for theory and practical classes. In case the student's attendance is less than 75% at the theory lectures and 80% practical his /her terms will not be granted/ or examination form will not be forwarded to the University. In Internal Assessment a student should secure 50% marks both Theory as well as in practical, failing which the student will not be eligible for submission of the examination form 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 will not get any relaxation in percentage of attendance.

The student must present for all the class tests, Midterm tests, Tutorials, Internal Exams, Pre Final Exam, etc. The student should complete all the term work such as journals, other assignment as per schedule. Strict disciplinary action will be taken against those students who fail to attend the tests, practical, Tutorials or Theory classes.

The students and parent 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 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.

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

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. I further give an undertaking that I will not smoke chew Tobacco/Gutkha in the college campus. I will not addict to such bad habits including consumption of Alcohol. If anyone found me breaching the above rule, the college authority can give severe punishment to me.

I understand that **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 I shall be liable to undergo rigorous Imprisonment of **2 years or any other punishment**.

Further I hereby agree to any deterrent punishment of monitory and academic nature as decided by the authorities of the Institute in case of any information or violation of any of the above discipline and conduct rules.

(Signature of the parent/Guardian)

(Signature of the candidate)

Name _____

Name _____

Date :- / /2014

Date :- / /2014

AGREEMENT

THIS AGREEMENT made and entered in to 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)
Vishwanathpuram, Ambejogai Road, Latur – 413512.

(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 _____

Residing at _____ POST _____ Teh _____

Dist. _____ Pin Code _____

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 there of shall mean and includes his heirs successors nominees and assignee). Where the “Trustee” running Maharashtra Institute of Dental Sciences and Research Dental College, 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 B.D.S. 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**.

- (c) The Guardian & the student jointly agree to pay the Tuition fees continuously for 4 (Four year up to 15 June every year) irrespective of failure in the University examination. We further agreed to pay the late fees @ 0.035% per Day from 16th June every year.
 - (d) Even if for any reason whatsoever the said minor fails or is unable to continue the said B.D.S. course or if the said ward gets himself transferred to any other Dental College, the Guardian shall be bound and liable to pay full tuition fees for the entire course in the manner aforesaid.
 - (e) The Guardian hereby agrees that It is his responsibility to see observes the rules, regulations and discipline, with regular attendance the Dental College 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 (A.bad 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 of the Witness)

Name _____

Occupation: _____

Address : _____

Parties to Agreement

(Signature of the Student)

Name _____

(Signature of Parents/Guardian)

Name _____

Occupation: _____

Address : _____

**Principal,
MIDSR Dental 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 2014-2015

(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 of the Student: - _____)
(Full Name in Capital Letter) (Surname) (Name) (Father's Name)

(Signature of the Legal Guardian)

(Name of the Legal Guardian: - _____)
(Full Name in Capital Letter) (Surname) (Name) (Father's Name)

Legal Guardian Age _____ Relationship with student:- _____

Address:- _____

Taluka _____ District _____

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/Student

Principal,
MIDSR Dental College,
Latur.

Place: Latur

Date: / /201

1. Witness: Mr./Miss

2. Witness: Mr./Miss

UNDERTAKING BY THE PARENT / GUARDIAN

Name of student: _____

Name of Parent/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

1. Witness: Mr./Miss -----

2. Witness: Mr./Miss -----

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 2014-2015 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 MHT-CET-2014 examination conducted by directorate of Medical Education & Research, Mumbai and secured admission in the academic year 2014-2015 in Dental College.
2. I say that solemnly on the basis of merit I have been admitted to the MIDSR Dental College, Latur in 1st Year BDS course in _____ quota in the academic year 2014-2015.
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 Shulka 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 under any circumstances if I don't receive Freeship or Scholarship so I will be solely responsible for my tuition fees. (Only For Reserve Category Students)
6. 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)

gehi=

UNDERTAKING

(on Rs. 100/- Stamp Paper)

eh] -----

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