



Bapuji Educational Association®  
**COLLEGE OF DENTAL SCIENCES**

(Recognized by the Dental Council of India, New Delhi)  
DAVANGERE-577 004 (Karnataka)

**APPLICATION FOR ADMISSION TO M.D.S. COURSE  
FOR THE YEAR 2023-24.**



Estd. 1991

**FILL ALL COLUMNS COMPULSORY IN BLOCK LETTERS**

1.	Name of the Applicant (As per the Degree Certificate in Block Letters) Cell No. E-Mail:				
2.	Father's Name				
	Mother's Name				
3.	Address for Correspondence (in Block Letters)				
4.	Ph. No. with STD CODE:				
	Mob.No:				
5.	Subject Allotted				
5.	Date of Birth & Blood Group		Sex	M	F
6.	Place of Birth				
	Town & State				
	Mother Tongue				
7.	Year of Joining B.D.S.				
8.	Year of Completion of Final Year B.D.S. & Reg. No.				
9.	Date of Completion of One Year Internship				
10.	Name of the College, Place & University				
11.	Whether the College is Recognized by D.C.I.	Yes / No.			
12.	Number of Years taken to Complete the Course				
13.	Applicant Name & Aadhar Number(As per Aadhar Card)	Aadhar No: Name:			
14.	Father Name & Aadhar Number(As per Aadhar Card)	Aadhar No: Name:			
15.	Mother Name & Aadhar Number(As per Aadhar Card)	Aadhar No: Name:			
19.	10 <sup>th</sup> Std. Reg. No: & Passed Month & Year	Reg. No.		Month:	
20.	12 <sup>th</sup> Std. Reg., No. & Passed Month & Year	Reg. No.		Month:	
		Year:			

13. Details of Academic Career

A) Examination Passed	Regn. No.	No. of Attempt	Maximum Marks	Marks Obtained	Year of Passing	Percentage of Marks
First Year B.D.S.						
Second Year B.D.S.						
Third Year B.D.S.						
Final Year B.D.S						
Final Year B.D.S. (Part -I)						
Final Year B.D.S. (Part- II)						
Internship Period <b>ONE YEAR</b> From: _____ To: _____						

**MARKS DETAILS:**

Final Year B.D.S. & (IV Year BDS Part-I & Part II)

Max. Marks:

Marks Obtained:

Percentage:

	Rank No.	Allotment No..	Allotment Date	Seat Category	Max. Marks	Marks Scored	Percentage (%)
P.G NEET:							

Anti Ragging Undertaking No. \_\_\_\_\_

**INSTRUCTION TO APPLICANTS**

1. Candidates should have completed or completing rotatory internship on or before 30<sup>th</sup> July 2023.
2. All the correspondence pertaining to the college, should be addressed to the Principal/Director, College of Dental Sciences, Post Box No.327, Davangere - 577 004, Karnataka.
3. Under any circumstances students who lodge a complaint in Police Station or received notices from police station, copy of the same should be given to the office of the Principal/Director without fail.
4. Using of Cell Phone in the College premises is prohibited.

**DECLARATION BY THE CANDIDATE**

I hereby declare that the information given above is true and correct and I further, declare that I shall abide by the rules and regulations of the college, Hostel and the University.

\*  
Signature of the Parent / Guardian

Date \_\_\_\_\_

\*  
Signature of the Candidate

Date: \_\_\_\_\_

**COLLEGE OF DENTAL SCIENCES, DAVANGERE-577 004.  
MDS APPLICATION FOR ACADEMIC YEAR 2023-24**

**Information to Computer Section.**

**Student General Information**

1	Student Name (in block letters)	
	Cell No. &	
	E-Mail:	
2	Course/Dept. Selected	COURSE: M.D.S. DEPT:
3	Seat Category	GOVT. / PRIVATE / NRI & MGT.
4	Blood Group	
5	Father's Name	
	Cell No.	
	E-mail:	
6	Occupation of Father Permanent Address	
7	Mother's Name Cell No. E-mail:	
8	Occupation of Mother	
9	Guardian's Name & Cell No. E-mail:	
10	Occupation of Guardian	
11	Annual Income of Parents	
12	Religion & Caste	
13	Caste Category	GM/GMR/1G/1R/2AG/2AR/2BG/2BR/3AG/3BG
14	Area	Urban / Rural
15	State	
16	Nationality	
17	Pass Port details	No: Valid up to
18	Visa	No: Valid up to

**COLLEGE OF DENTAL SCIENCES, DAVANGERE-577 004.**

**DECLARATION BY THE CANDIDATE:**

1. I May Kindly be provisionally admitted to M.D.S. for the year 2023-2024 subject to the approval of admission from Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore at my own risk.
2. **I hereby agree to pay the Annual Fees every year irrespective of my pass or fail or under any circumstances within the last working day of April every year. In case, if I fail to do so, my name may be deleted from the Attendance Register without further notice.**
3. I hereby agree, if admitted, to confirm to the rules and regulations at present in force or that may hereafter be made by the management for admission of the college. I undertake that I will do nothing either inside or outside the institute that will interfere with its orderly management and discipline as long as I am a student of the institution. I further agree to make good when called upon to do so any damage to furniture Electrical fittings and other articles which may be caused by carelessness, negligence or wantonness on my part.
4. I will not indulge in any kind of ragging or teasing of students as per Hon'ble Supreme Court Orders and DCI Notification Dt. 31<sup>st</sup> July 2009/University Circular No:AUTH/927/2009-2010 Dt.1<sup>st</sup> Aug.09, If I am ragged by any student, matter will be reported to the authorities immediately. Further we have read all the consequences as per above Supreme Court Order/DCI/Notification/University Circular which are available in the office. The required undertaking duly filled and signed by me and my parents will be submitted at the time of admission along with Fees. **Further, I will also promise to submit the required undertaking every year along with fees without fail.**
5. I hereby undertake that I will not participate in any illegal affairs including ragging and agree to maintain the dignity and decorum of the institution.
6. As per the University regulations M.D.S. students appearing for University Examinations should have 80% attendance in both theory and practical. **UNDER NO CIRCUMSTANCES ATTENDANCE WILL BE CONDONED** Hence I will attend the classes regularly.
7. I am using 2 wheeler / 4 wheeler vehicle bearing Registration No: \_\_\_\_\_ & permission to park the vehicle in the college premises during class/Library hours – Xerox copy of the RC Book etc., will be filed within one week/Enclosed.
8. I hereby agree to furnish the change of Address/Telephone Nos./ Cell Nos. as and when it is available.
9. I hereby promise to pay the full course fees (Total 3 Years) if I discontinued in the middle under any circumstances.
10. I hereby declare that the information given above is true and correct. I further declare that I shall abide by the rules and regulations of the college and the University.

Signature of the Parent/Guardian  
( NAME: \_\_\_\_\_ )

Date :

Place :

Signature of the Candidate  
(NAME: \_\_\_\_\_ )

Copy received

\*  
Signature of the candidate

# COLLEGE OF DENTAL SCIENCES, DAVANGERE

Ref.No.CODS/ 514 /2023-2024

Date:-25-07-2023

## CIRCULAR

Sub: Payment of College fee

Ref.No.CODS/1130/2022-23, Dated.19-10-2022.

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With reference to the above and in modification of earlier circulars the payment of fee in respect of both MDS & BDS are hereby directed that, under any circumstances the students have to pay the College fee on or before the specified date of every year irrespective of result. The details of fine & other information are furnished below.

Fine: FOR MDS STUDENTS:-

Fee to be paid without fine Upto 30 <sup>th</sup> November	
Rs. 2500/- per month (irrespective of any category)	Till one month i.e. 31 <sup>st</sup> December of every year
Rs. 2500/- per month (irrespective of any category)	With permission of Principal upto January

Fine: FOR BDS STUDENTS:-

Fee to be paid without fine Upto 31 <sup>st</sup> December	
Rs. 1000/- per month (irrespective of any category)	Till one month i.e. 31 <sup>st</sup> January of every year
Rs. 1000/- per month (irrespective of any category)	With permission of Principal upto February

## INSTRUCTIONS TO STUDENTS:-

1. Students are not allowed to pay the University Examination fee, without clearing the College annual fee
2. Students who do not pay the fee even after January (for MDS Students) and February (for BDS Students), their names will be removed from the attendance Register and intimated to all the concerned Departments, Library, and Hostels Further, they will not be permitted to attend Theory / Practical / Clinical classes and internals.
3. Fee notice will be announced on the Notice Board of the College and no individual information will be sent to students / parents.
4. Re-admission will be made after payment of all the dues of the College and Hostel including fine as on the date of Re-admission and the fee for the same is Rs.1000/-.

  
DIRECTOR

NOTE:-

FEEs AMOUNT SHOULD BE PAID THROUGH DEMAND DRAFT ONLY, DRAWN IN FAVOR OF "CHAIRMAN, COLLEGE OF DENTAL SCIENCES" PAYABLE AT DAVANGERE or through RTGS/NEFT AND SEND TO THE DIRECTOR, COLLEGE OF DENTAL SCIENCES, DAVANGERE-577 004 BY REGD. POST/SPEED POST/COURIER TO REACH THE COLLEGE WITHIN THE PRESCRIBED DATE.

To,

College Notice Board, Hostel Notice Board, (Boys & Girls) & Library Notice Board.

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We have read the above circular and agreed to pay the college and hostel fees in time.

\*

Signature of Parent / Guardian

\*

Signature of the Candidate

Copy received

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Signature of the Candidate

**COLLEGE OF DENTAL SCIENCES, DAVANGERE.**

**List of documents to be submitted for M.D.S. Admission for the Year 2023-24**

**Original Marks Cards/ Certificates**

1. KEA Allotment Order
2. KEA Application Form
3. NEET Admit Card & NEET Rank Card.
4. Document Verification Copy & KEA Document submitted copy.
5. Fees Paid Challan.
6. 10<sup>th</sup> & 12 Marks Cards.
7. Date of Birth Certificate
8. First to Final year BDS Marks Cards.
9. Internship Completion Certificate
10. BDS Degree Certificate
11. BDS Attempt Certificate.
12. Transfer Certificate
13. State Council Registration Certificate.
14. Migration Certificate by Board.
15. Character Certificate.
16. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore (Other than Karnataka State syllabus students).  
Website: [www.rguhs.ac.in](http://www.rguhs.ac.in)
17. Scheduled Caste/ Scheduled Tribe and other OBC students should produce Caste & Income Certificate (Karnataka Students only).
18. 4 No's Passport Size photographs of Student.
19. Passport Size photographs of Father, Mother and Guardian (One Each).
20. Passport & Visa copies in case of Foreign Students.
21. NOC from Ministry of Health & Family Welfare, Dept., of Health, Delhi (Incase of Foreign Students).
22. Student, Father & Mother Pan Card.
23. Photocopy of the Aadhar Card of the Student, Father & Mother at the time of Admission.
24. Submit the affidavits on white paper duly certified and signed by Oath Commissioner or Notary each in respect of Ragging
25. For NRI Students – Compulsory to submit NRI Sponsor letter and Passport Photocopy of the Sponsor.
26. H.K. Domicile Certificate.
27. Physical Fitness Certificate with Marks of Identification.

\*

Signature of the candidate

Note: You have to submit TWO Sets Xerox copies of the above documents at the time of admission.

Copy Received

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Signature of the candidate

**ANNEXURE-I PART-1**  
**UNDERTAKING BY THE STUDENT**

1. I, \_\_\_\_\_ S/o.,D/o., of  
Mr..Mrs./Ms. \_\_\_\_\_ have carefully read  
and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme  
Court and the Central /State Government in this regard.

2. I have received a copy of the DCI Regulations on Curbing the Menace of Ragging in Dental  
Colleges, 2009 and have carefully gone through it.

3. I hereby undertake that

- I will not indulge in any behaviour or act that may come under the definition of  
ragging.
- I will not participate in or abet or propagate ragging in any form.
- I will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging. I may be punished as per the  
provisions of the DCI Regulations mentioned above and/or as per the law in force.

5. I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ Month of 2023 Year

Name & Address: \_\_\_\_\_

\*

Signature of the Candidate

ANNEXURE-I PART-11  
UNDERTAKING PARENT/GUARDIAN

I.I. \_\_\_\_\_ F/o..M/o.,G/o., \_\_\_\_\_

\_\_\_\_\_ have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009.

2. I assure you that my son/daughter/ward will not indulge in any act of ragging.

3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the DCI Regulations mentioned above and/or as per the law in force.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ Month of 2023 Year

Name & Address:

\*

Signature of the Parent/Guardian

Copy received

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Signature of the Candidate