

PROSPECTUS
for
POST GRADUATE DENTAL COURSES
(FOR ADMISSION TO MDS COURSE SESSION 2017-18)



PANJAB UNIVERSITY
DR. HARVANSI SINGH JUDGE INSTITUTE OF DENTAL SCIENCES
AND HOSPITAL, CHANDIGARH

Website: <http://dentalsciences.puchd.ac.in>

Availability of Prospectus cum Admission Form

- Prospectus cum Admission Form is available on the Website of Dr. Harvansh Singh Judge Institute of Dental Sciences & Hospital, Panjab University, Chandigarh i.e. <http://dentalsciences.puchd.ac.in/> for viewing/downloading.
- Copy of the Prospectus can also be obtained from the Dental Institute.
- Only those candidates who submit completed Admission Form along with specified annexure and fee by due date will be included in the list of candidates eligible to appear for counseling, subject to fulfillment of other eligibility criteria, specified in the Prospectus. Candidates are advised to keep a copy of the submitted Admission Form for their reference.

PROSPECTUS AND ADMISSION FEE

Rs.1200/- (General Category) Rs. 600/- (SC/ST/PwD Category)

ADMISSION FEE MODE:

Demand Draft in favour of ***"REGISTRAR, PANJAB UNIVERSITY, CHANDIGARH"*** payable at Chandigarh. No other mode of fee shall be accepted.

FACULTY MEMBERS ARE AVAILABLE FOR CONSULTATION AND GUIDANCE OF THE STUDENTS FROM 3.00 P.M. TO 4.00 P.M. ON WORKING DAYS (MONDAY TO FRIDAY)

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PANJAB UNIVERSITY, CHANDIGARH

Since its inception 135 years ago in 1882 (at Lahore, now in Pakistan), Panjab University, Chandigarh, fourth oldest university in the country, has been in the forefront in imparting quality education and undertaking intellectually challenging as well as socially relevant research. By virtue of its achievements, philosophy and experience, it has become a university of national recognition and global stature. In the ranking analyses carried out by different agencies, PU was ranked 1st among Universities of India and 38th in Asia, Times Higher Education Asian University rankings (2015), 13th in BRICS (2014), among top 250 in World University Ranking (2013) and 2nd in the top 30 institutes from India (2012). The Chandigarh campus has 85 teaching and research departments/institutes including 4 independent Chairs and 4 Regional Centres at Hoshiarpur, Muktsar, Kauni and Ludhiana and 6 constituent Institutes in rural areas as well as 192 affiliated colleges in Chandigarh and Punjab State, having a student base of more than 3.5 lacs.

ABOUT THE INSTITUTE

In view of the imminent need for providing a public funded quality health care set up and to impart dental education and open avenues for research in the field of oral health, Dr Harvansh Singh Judge Institute of Dental Sciences was established in April 2006 under the aegis of Panjab University. The Institute aims at providing oral health care facilities to the general public and training to the students at both undergraduate and postgraduate levels. It has the ability to generate ample research avenues in dental/medical sciences which can have a far reaching affect on oral as well as general health. The Institute imparts special thrust on community healthcare and outreach programs for the children and underserved population.

Within this short span the institute has been attending to more than 400 patients everyday in the various specialty clinics. A fully equipped diagnostic lab is functional at the institute which is carrying out most of bio-chemical, histopathological and microbiological tests at the institute itself. The institute is offering BDS course with annual intake 100 students and MDS course in six specialties namely Conservative Dentistry, Oral Surgery, Orthodontics, Periodontics, Prosthodontics and Oral Pathology.

The Institute faculty members are involved in various clinical and basic sciences research projects. The major focus area of the institution is to provide good and affordable dental treatment in various specialties to the general public, carry out clinical and basic research including surveys, diagnostic and randomized controlled clinical trials, conduct outreach program to enhance oral health awareness to the population for the benefit of the masses and to provide clinical and didactic training as part of teaching curriculum.

The institute is already working in collaboration with many institutes like PGIMER, GMCH-32 etc. The dental institute has been ranked Number One institute in the region consecutively for three years (2012-2014) by a leading daily newspaper 'The Tribune'.

The dental Institute has been granted research funding by government agencies like DST, UGC, IUSSTF and by industry as well like Waterpik. The publication profile of the dental institute is amongst the best in the country amongst the dental institutes with publications in high impact factor journals like Journal of Immunology, Cytokine, Circulation etc.

Dental Institute is participating in cutting edge technology research by being a spoke to Design Innovation Centre (DIC), a project granted by UGC.

ADMINISTRATION OF THE INSTITUTE

	Name & Designation	Telephone (Office)
1.	Dr. Ashish Jain, Principal-cum-Professor, Dr. Harvansh Singh Judge Institute of Dental Sciences, Panjab University Sector 25, Chandigarh	0172-2724813 , 2534686 Fax: 0172-2724912
2.	Deputy Registrar	0172-2534688
3.	Office Superintendent (Office)	0172-2534687
4.	Office Superintendent (Student Section)	0172-2534689 M. No. 9041064858

ADMISSION SCHEDULE

1.	Date of availability of Prospectus on Institute website http://dentalsciences.puchd.ac.in/	10.04.2017
2.	Last date for receipt of complete Admission Form alongwith annexures in the office of Principal-cum-Professor	21.04.2017 Till 04.00 pm
3.	Display of Merit List of eligible candidates online/ Notice Board of the Institute	25.04.2017 By 04.00 pm
4.	Date of 1 st counseling (Venue: LT-1, Ground Floor of the Institute)	27.04.2017 at 11.00 am
5.	Commencement of Academic Session	01.05.2017
6.	Last date of joining the allotted seat after 1 st counseling	08.05.2017
7.	Date of 2 nd counseling (Venue: LT-1, Ground Floor of the Institute)	17.05.2017 at 11.00 am
8.	Last date of Joining the allotted seat after 2 nd counseling	22.05.2017
9.	Counseling for leftover seats	30.05.2017
10.	Last date upto which students can be admitted/ join against vacancies arising due to any reason	31.05.2017 Till 04.00 pm

Website: <http://dentalsciences.puchd.ac.in>

DISTRIBUTION OF MDS SEATS

Subject	Total Seats in each Speciality	General	S.C.	S.T.	B.C.	PwD	Internal Faculty Only with BDS qualification*
Conservative Dentistry & Endodontics	3	2	1	-	-	-	-
Oral and Maxillofacial Surgery	2	1	-	1	-	-	-
Orthodontics & Dentofacial Orthopedics	3	1	-	-	1	-	1
Periodontics	3	1	-	-	-	1	1
Prosthodontics and Crown & Bridge	3	2	1	-	-	-	-
Oral Pathology	3	2	1	-	-	-	-
Total	17	9	3	1	1	1	2

*Subject to approval of the Syndicate.

ELIGIBILITY CRITERIA

1. The admission to MDS course shall be open to candidates who have qualified NEET-MDS-2017 and are eligible as per eligibility criteria for NEET-MDS-2017 laid down in Information Bulletin for National Eligibility-cum-Entrance Test-MDS for admission to MDS course 2017.
2. As per Dental Council of India guidelines, the minimum percentile of marks for eligibility for admission to postgraduate dental courses shall be 50% percentile for General Category candidates, 45% percentile for Person with Disability (PwD) and 40% percentile for the candidates belonging to Scheduled Castes/Scheduled Tribes/ Backward Classes (BC).
3. Counseling / Admission shall be conducted by the Admission Committee constituted by the Panjab University for this purpose
4. Candidates cannot claim a seat/admission on the basis of the NEET-MDS-2017 rank alone. Eligibility of a candidate for admission against any Post Graduate seat will be determined by the Admission Committee, as per rules and regulations laid down by the Panjab University & DCI from time to time. The eligibility shall also be based on other documents as specified in the check list at page No. 13, with the Admission Form.
5. Candidates shall attach the self attested downloaded copy of Result Card of NEET-MDS-2017. The candidate is also required to attach self attested photocopy of the Admit Card of NEET-MDS-2017 with ADMISSION FORM.
6. In case any candidate is found to have furnished false information or certificate, etc. or is found to have withheld or concealed information in his/her Admission Form, he/she shall be debarred from admission.
7. All candidates will be considered for admission in General Category. The candidates interested to be considered under any other category also, must write the relevant code at specified serial number 12 of the Admission Form. For Category Codes, see 'Instructions for the Candidates' at Sr. No. 10 of Admission Form. No candidate will be considered for a category whose code has not been entered in the Admission Form, even if the candidate actually belongs to that category.
8. For claims on reserved seats/categories wherever applicable, the candidates must support their claim by attaching self attested photocopies of appropriate certificate(s)/documents issued by competent authority as per specimen given in Annexures to this Prospectus along with the Admission Form.

9. Candidate with disability, i.e., Person with Disability (PwD) shall be considered for admission as per rules and regulations specified by Dental Council of India as appended below:-

"3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%.

Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% before they are included in the annual sanctioned seats for General Category candidates".

10. Seats reserved for "Internal Faculty only with BDS qualification" shall be offered strictly in order of merit of NEET 2017.

11. INCOMPLETE ADMISSION FORM OR WITHOUT REQUISITE FEE WILL NOT BE ENTERTAINED AND WILL BE REJECTED WITHOUT ANY INTIMATION TO THE CANDIDATE.

GENERAL INSTRUCTIONS

1. This Prospectus is subject to alteration(s) / modification(s) at any time without notice. For updates please visit Institute website (<http://dentalsciences.puchd.ac.in>) from time to time. There is no equity or any rights that are /or deemed to be arising in favour of candidate.
2. Changes, if any, in the Schedule / Counseling etc. shall be notified only through website of the Institute i.e. <http://dentalsciences.puchd.ac.in>. No candidate shall be informed individually. Candidates are advised to browse the website regularly for any announcements/changes and the institute shall not be responsible for any fallout due to lack of information on the part of the candidate.
3. Candidates must retain the copy of Prospectus & Admission Form with them. They should carefully read the instructions, rules & regulations and comply with all instructions therein strictly.
4. The allotment of speciality to the applicants for admission, shall be made by the Admission Committee as per merit determined on the basis of NEET-MDS-2017 and the choice of the speciality opted by the candidate. **Physical presence is mandatory in every counseling both for General Category and Reserved Categories candidates as per the notified dates.** The candidate must bring alongwith all the original documents.
5. The candidate should read the eligibility conditions/ criteria carefully and just appearing in counseling does not entitle him/her for admission. The eligibility shall be determined by the Admission Committee on the basis of documents submitted by the candidate at the time of counseling. Those who are not eligible as per the decision of the committee will not be considered for admission. The candidates will appear in counseling at their own risk and responsibility. Eligibility is also subject to medical fitness.
6. Before applying for the admission, candidate should ensure that their BDS degree is recognized as per provisions of Dental Council of India. If it is found at any time that BDS degree is not recognized, the candidature/Admission to MDS course shall be cancelled.
7. Original certificates/documents shall have to be deposited by the candidate at the time of counseling, after the seat has been allotted to the candidate. The certificates/documents shall be returned to the candidate only on surrendering the seat or after the completion of the course.

INSTRUCTIONS FOR COUNSELING

1. Merit List for each category will be made separately based on the result of NEET-MDS-2017. Merit list will be displayed on the Institute Notice Board and at Institute Website on **25.04.2017 by 04.00 pm**. Information regarding any changes in the schedule or details of counseling shall be notified on the Institute website:- <http://dentalsciences.puchd.ac.in>. No individual/separate intimation will be provided by the Institute office for the same. Candidates are advised to regularly browse the Institute website /to constantly follow the changes in information, if any.
2. The allotment of speciality will be made as per the merit determined by the NEET-MDS-2017, as per the choice of speciality by the candidate, and the availability of seats at the time of the counseling.
3. If an eligible candidate reports late for counseling when his/her turn according to his/her rank/merit has already been passed over, he/she will be considered as per available seat at the time of his/her actual reporting in the counseling.
4. **The candidates shall have to produce all the certificates/ degrees/ diplomas/documents in original at the time of admission/counseling as per the check list. In case the originals are not provided at the time of counseling, the seat shall not be allocated to the candidate and shall be allotted to the next eligible candidate.**
5. Any directions/order governing admissions to any of the course from the Government/Hon'ble courts/Regulatory bodies will be binding on all candidates.
6. Tuition Fee structure is given as below:

MDS	Fee
Ist year	Rs. 5,07,120/-
IIInd year	Rs. 5,07,120/-
IIIrd year	Rs. 5,07,120/-

- A. The fee is to be deposited on the day of counseling in the form of Demand Draft (DD) favouring **"REGISTRAR, PANJAB UNIVERSITY CHANDIGARH"** payable at Chandigarh.*
- B. The fee to be charged, is subject to revision and amendment from time to time and the revised decision will be applicable irrespective of those given in this prospectus.*
7. A monthly stipend of Rs.10,000/- shall be paid to the students for the three years duration of the course from the date of joining.
8. In the Reserved Categories of SC/ST, the seats shall be regarded as 'Interchangeable'. That is to say, if sufficient numbers of eligible candidates are not available to fill up the seats reserved for Scheduled Castes the same may be filled up from amongst the eligible candidates belonging to the Scheduled Tribes and vice-versa.
9. In case sufficient numbers of eligible candidates, belonging to Reserved Categories are not available, the vacant seats at the end of second counseling shall be transferred and filled from the General Category candidates on the basis of merit/rank obtained in NEET-MDS-2017. Similarly, in case of non-availability of 'Internal Faculty Only with BDS Qualification' candidate the seats shall be transferred to General Category and filled as per merit.

CHECK LIST OF ORIGINAL CERTIFICATES AND TESTIMONIALS REQUIRED FOR SCRUTINY AT THE TIME OF COUNSELLING

1. Admit Card and Result Card of NEET-MDS-2017
2. Matriculation or equivalent certificate for proof of date of birth
3. Registration certificate with State Dental Council
4. BDS Degree
5. Internship completion certificate
6. BDS Detail marks certificates – all university professional examinations
7. Character certificate from the Principal of Dental Institute last attended (Annexure-I)
8. Certificate of Scheduled Caste/Scheduled Tribe Certificate (Annexure-II) if applicable
9. Certificate of Backward Class (BC) Certificate (Annexure-III) if applicable
10. Certificate of Person with Disability (PwD) if applicable
11. No objection certificate from the appointing authority where presently working (if applicable)
12. Migration certificate for applicants from any other university other than Panjab University (can also be submitted later after admission)
13. Copy of Aadhaar Card

Admission

1. The candidates selected for admission will have to undergo medical examination by the constituted Medical Board on the same day or succeeding day of their selection to the course. Only those candidates who are found to be medically fit shall be granted admission.
2. The candidates, who do not appear before the Medical Board or are found to be medically unfit, shall not be allowed to join the course.
3. Fee is to be paid on the day of the counseling. The candidature of the eligible candidates, who do not deposit the prescribed fees in full, shall stand automatically cancelled and vacancies so caused shall be offered to the candidates next in order of merit on the same day/ subsequent counseling. No correspondence or appeal in this connection will be entertained by the Admission Committee.
4. Admissions shall be made strictly in accordance with eligibility criteria and rules mentioned in this Prospectus and as per existing rules of Panjab University and Dental Council of India. However, in all matters which need interpretation or for which no provision exists in the Prospectus, the decision of the Admission Committee shall be final.
5. All admissions to MDS courses shall be provisional and subject to the approval by Panjab University/ Dental Council of India/ any other regulatory body.
6. All legal disputes relating to admission of students to MDS course shall have jurisdiction in Chandigarh only.

RULES FOR REFUND OF TUITION FEE

1. In the event of a candidate surrendering the seat, the fee collected from the students shall be refunded after a deposition of Rs.1000/- as administrative and processing fee in the form of DD favoring Principal, HSJIDS provided the seat gets filled up in the subsequent counseling. In the cases where fee has to be refunded it shall be done only after 31st May 2017.
2. However, the fee shall not be refunded to the candidate withdrawing from the MDS course if the seat thus left vacant is not filled up in the subsequent counseling or if it was not possible to hold the counseling after the seat was left for paucity of time or due to any other reasons.

ANTI RAGGING

This is for the information of the students of the Panjab University campus that **“RAGGING IS COGNIZABLE OFFENCE AND IS BANNED IN ANY FORM INSIDE OR OUTSIDE THE CAMPUS”**

Ingredients/Forms of Ragging	Punishment
<ul style="list-style-type: none">- Abetment to ragging;- Criminal conspiracy to rag;- Unlawful assembly and rioting while ragging;- Public nuisance created during ragging;- Violation of decency and morals through ragging;- Injury to body, causing hurt or grievous hurt;- Wrongful restraint;- Wrongful confinement ;- Use of criminal force;- Assault as well as sexual offences or unnatural offences;- Extortion;- Criminal trespass;- Offences against property;- Criminal intimidation;- Attempts to commit any or all of the above mentioned offences against the victim(s);- Physical or psychological humiliation;- All other offences following from the definition of "Ragging"	<ul style="list-style-type: none">- Cancellation of admission;- Suspension from attending classes and academic privileges;- Withholding/withdrawing scholarship/ Fellowship and other benefits;- Debarring from appearing in any test/ examination or other evaluation process;- Withholding results;- Debarring from representing the Institute in any regional, national or international meet, tournament, youth festival, etc.;- Suspension/expulsion from the hostel;- Rustication from the institution for period ranging from 1 to 4 semesters- Expulsion from the institution and consequent debarring from admission to any other institution for a specified period;- Fine ranging between Rs. 25,000/- to Rs. 1 lakh;- Rigorous imprisonment upto 3 years;- Collective punishment: When the persons committing or abetting the crime of ragging are not identified, the institution shall resort to collective punishment.

Note: - Admitted Candidates and their parents will be required to sign an undertaking to this effect.

Student/s on becoming a victim/s of ragging should immediately inform to the concerned Chairperson/Warden as the case may be besides contacting on Helpline nos. as given below.

Helpline Numbers for reporting the ragging:

Dean of Student Welfare	9815974293, E-mail: dsw@pu.ac.in
Dean of Student Welfare (W)	9876241414
Associate Dean of Student Welfare	9878555311
Assistant Registrar (DSW)	2541596, 2534565, 9041456345
Chief University Security	2534891, 2534119, 2536164, 9872131500
Security Officers	9417425827, 9872877744, 9888307832
PU Security Helpline Nos.	9779737403 (24 hours service)

Sr. No.

Last date for receipt of Admission Form: **21.04.2017 (4.00 pm)**

Received on
Signature of Receiver.....



PANJAB UNIVERSITY, CHANDIGARH
DR. HARVANSI SINGH JUDGE INSTITUTE OF DENTAL SCIENCES & HOSPITAL
ADMISSION FORM (MDS)
(Academic Session 2017-18)

Affix self-attested
recent Photograph
of 3.5 cm x 4.5 cm

Panjab University Registration No. /PUPIN (if any)

1. Name of the Candidate

2. Father's Name

3. Mother's Name

4. Guardian's Name

5. Date of Birth

6. Sex (M/F/Transgender)

7. Nationality

8. Address for Correspondence

9. Permanent Address

Mobile No. (Self)

Mobile No. (Parents)

10. E-mail ID (Self)

E-mail ID (Parents)

11. NEET-MDS-2017 detail Roll No. Score..... Rank (All India).....

12. Category Code (see "Instructions for the Candidates" at Sr. No. 10)

13. Annual Family Income from all sources (Rs.)

14. Aadhaar Card No.

15. Blood Group 16. Urban ☐ Semi-Urban ☐ Rural ☐

17. Immunization Status : (Write Yes or No) Hepatitis B _____ Tetanus _____

18. Hostel Required: Yes ☐ No ☐

19. Type of vehicle to be used by the student: 4 wheeler ☐ 2 wheeler ☐ None ☐

.....
(Full Signature of the Candidate)

SUMMARY OF EDUCATIONAL QUALIFICATIONS

Class	Subjects studied	Max. Marks	Marks Obtd.	%age	Session & Year	Roll No.	University/ Board	School/ College
X								
XII								
BDS-I								
BDS-II								
BDS-III								
BDS-IV								

DECLARATION BY THE CANDIDATE

1. I declare that I have carefully read the instructions and state that the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed. I understand that my admission is liable to be cancelled and legal action can be taken against me if there is any concealment/ misrepresentation in Admission Form or in the attached certificates/undertakings/documents etc.
2. I declare that I am not doing any Post Graduate Course anywhere else.
3. I undertake to observe proper standards of Academic conduct.
4. I shall abide by the prescribed courses of readings and the modes of examinations, which may prevail from time to time, even though these may be at variance with those of the previous years.
5. I understand that incomplete form is liable to be rejected.
6. I shall abide by the rules and regulations as given in the Panjab University Calendars and its revisions, Handbook of Information and Rules for Admission 2017.
7. I shall faithfully carry out the instructions issued by the Principal of the Institute, Faculty members and other University authorities from time to time.
8. I hold myself responsible for prompt payment of fees and all other dues.
9. I understand that I cannot concurrently be enrolled for more than one full-time course of studies.
10. I am fully aware that ragging is strictly prohibited/punishable under Law. If I am found guilty of indulging in or abetting ragging, I shall be liable for expulsion from the University/Hostel and punishment as per law.
11. I certify that I have no criminal background and have not been convicted under any criminal offence. Further, I undertake that no F.I.R. has been registered against me or no criminal proceedings are pending against me.
12. I undertake not to smoke and take drugs on the Campus.

13. I undertake that I will not possess/carry any lethal weapon on the University campus and if any weapon is recovered from me then I can be rusticated from the Institute/ University and legal action can be taken against me.
14. I shall regularly browse the Online/ Physical Notice Board of the Institute for notifications related to attendance/instructions. Further, I understand that I shall be detained from appearing in the examination if my attendance is below the minimum percentage of attendance required as per the regulations of the course.

Date.....

.....
(Full Signature of the Candidate)

DECLARATION BY THE PARENT/GUARDIAN

1. I certify that my son/daughter/ward is making this application with my permission. I hold myself responsible for his/her good conduct and behavior as a student of the University and for payment of all his/ her fees and dues during his / her stay in the University.
2. I am aware that monthly attendance of my son/ daughter/ward will be available at the Online Notice Board of the department and my son/daughter/ward can be detained from appearing in the examination if his/her attendance is below the minimum percentage of attendance required as per the regulations of the course.
3. I understand that in case of any concealment/misrepresentation by my son/daughter/ward in Admission Form or in the attached certificates/undertakings/documents etc., his/her admission is liable to be cancelled and legal action can be taken against him/her.

Date.....

Mobile No.....

E-mail ID.....

.....
(Full Signature of the Parent/Guardian)

Name:

CHECK-LIST OF DOCUMENTS ATTACHED

In addition to self-attested copies of academic certificates, the candidate should also attach self-attested copies of the documents/certificates listed below:-

- | | |
|--|--------------------------|
| a) Admit Card and Result Card of NEET-MDS-2017 | <input type="checkbox"/> |
| b) Matriculation or equivalent certificate for proof of date of birth | <input type="checkbox"/> |
| c) Registration certificate with State Dental Council | <input type="checkbox"/> |
| d) BDS Degree | <input type="checkbox"/> |
| e) Internship completion certificate | <input type="checkbox"/> |
| f) BDS Detail marks certificates – all university professional examinations | <input type="checkbox"/> |
| g) Character Certificate (Yes/No) | <input type="checkbox"/> |
| h) Certificate of Scheduled Caste/Scheduled Tribe Certificate | <input type="checkbox"/> |
| i) Certificate of Backward Class (BC) Certificate | <input type="checkbox"/> |
| j) Certificate of Person with Disability (PwD) | <input type="checkbox"/> |
| k) No objection certificate from the appointing authority where presently working (if applicable) | <input type="checkbox"/> |
| l) Migration certificate for applicants from any other university other than Panjab University (can also be submitted later after admission) | <input type="checkbox"/> |
| m) Copy of Aadhaar Card | <input type="checkbox"/> |
| n) Any other certificate / document_____ | <input type="checkbox"/> |

(Full Signature of the Candidate)

INSTRUCTIONS FOR THE CANDIDATES

- 1) Admission Form is of four pages. Candidates are advised to print Admission Form on both sides of the paper.
- 2) **All entries in the Admission Form must be made in the candidate's own handwriting in a clear and legible manner. INCOMPLETE FORMS SHALL BE SUMMARILY REJECTED. If any column in the form is left unfilled or form is unsigned or any information sought is incomplete or the copies of requisite certificate(s) is/are not annexed, the Admission Form will be straightway rejected and no claim will be entertained later on. If any information sought is not applicable to the candidate, the word 'N.A.' should be entered against that column.**
- 3) This form, complete in all respect, must be submitted to the Institute as has been indicated in the Admission Notice of 2017-18 on or before the last date indicated at the top of admission form.
- 4) All candidates will be considered for admission in General Category. The candidates interested to be considered under any other category also, must write the relevant code at Sr. No. 12 of the Admission Form. For Category Codes, see Sr. No. 10. No candidate will be considered for a category whose code has not been entered in the Admission Form, even if the candidate actually belongs to that category.
- 5) If a candidate omits/conceals/misrepresents relevant information, his/her admission is liable to be cancelled and legal action will be taken.
- 6) The format in which various certificates are to be submitted is given in the Prospectus. Only certificates along these lines will be acceptable. The hardcopy of the same can be obtained from Institute.
- 7) Fees / funds and charges payable for the course by the students, shall be as prescribed by the University from time to time.
- 8) Hostel seats are limited and the same will be allotted exclusively on the basis of merit as per the quota allotted to the Institute.
- 9) The filling of Admission Form in no way confirms eligibility. The admission shall be provisional throughout till the candidate's proof of eligibility is confirmed by the University authorities.
- 10) **For filling Sr.No.12** of Admission Form use following codes (one can fill more than one Category Code):-

Category	Code
General	GN
Scheduled Castes	SC
Scheduled Tribes	ST
Backward Classes	BC
Person with Disability	PwD

Note: Addition /change in category at a later stage is not permissible under any circumstances, even if the candidate has attached the relevant certificate along with Admission Form.

(Full Signature of the Candidate)

CHARACTER CERTIFICATE

Certified that Mr./Ms. _____s/d/of
Sh. _____ & Smt. _____
_____has been a bonafide student of this Institute during the period_____.
He/ She appeared in the BDS Examination of the _____
_____(University/Board) held in _____under the Roll
No._____.

1. In case of any misconduct, it is suggested that brief particulars of disciplinary action taken by Institute/Board/University during the course (session) attended, including punishment such as expulsion, warning, fine & any disqualification for violation of rules or persistent display of violent/aggressive behavior or display of any desire to cause harm to any person (including himself) or committing any immoral conduct or showing criminal tendencies if any, to be mentioned

2. General Conduct during stay in the Institution:- Good/Satisfactory/Unsatisfactory.*

3. He/She bears good moral character.

Dated:-

Signature
(Principal)
(Office Seal)*

Strike out whichever is not applicable.

SCHEDULED CASTE/ SCHEDULED TRIBE CERTIFICATE

The Caste/ Tribe Certificate should necessarily contain the following information about:

- (a) Name of the person;
- (b) Father's name;
- (c) Permanent place of residence
- (d) Name of the Caste/ Tribe
- (e) Constitutional order under which the caste/ tribe has been notified
- (f) signature of issuing authority along with the designation, seals and date

Authorities Empowered to issue SC/ST certificate

1. District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/ or his/her family normally resides.
5. Administrator/ Secretary to Administrator/ Development Officer (Lakshdeep Islands).

BACKWARD CLASS CERTIFICATE

(Persons belonging to OBC/SBC will not be considered under this category)

Attach
applicant's
recent passport
size attested
photograph.

Certificate/Despatch No. _____

Dated _____

This is to certify that _____ son/daughter of Sh. _____ Resident of _____ of the state of _____ belongs to the _____ community which is recognized as a Backward Class by the Government of _____ under _____ and his family ordinarily reside(s) in District of _____ of the state _____. This is also to certify that he/she does not belong to any category of persons/sections (Creamy Layer) mentioned in column 3 of the schedule to the Government of India, Department of Personnel & Training, O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93, modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, OM No. 36033/1/2013-Estt.(Res.) dated 27.05.2013 or the latest notification of the Government of India.

This certificate is being issued based on the annual income/status of the parents/guardian of the applicant as on financial year ending March 31 _____.

Place:

Signature: _____

Dated:

 Designation _____
 (with seal of officer concerned)

**Authorities Empowered to issue
Backward Class Certificate.**

1. Deputy Commissioner
2. Additional Deputy Commissioner
3. Sub-Divisional Magistrate
4. Executive Magistrate
5. Tehsildar
6. Naib Tehsildar
7. Block Officer
8. District Revenue Officer

**Criteria for Admission under this
category**

1. 5% seats reserved for persons belongs to this category.
2. Candidate must belong to non-creamy layer as defined by the latest rules of Govt. of India.
3. The certificate should not be older than one year from the date of admission.
4. OBC/SBC will not be considered under this category.

MEDICAL EXAMINATION FORM

(The medical examination will be conducted by any Govt. Gazetted Officer/Medical Officer at BGJIH)

(Items Nos. from 1 to 8 below to be filled in by the candidate)

1. Name of the candidate _____

2. Father's Name _____

3. Mother's Name _____

4. Date of Birth _____

5. Department (in which admission is being sought) _____

6. University Receipt for Medical Examination Fee

No. _____ Date _____ Rs. _____

7. Roll No. (allotted by the Department):

8. History of any previous or existing illness: Yes/No (If yes, mention details)

I. Like Epilepsy(Seizures), Hypertension, Bronchitis, Bronchial Asthma, Tuberculosis, Rheumatic Heart Disease, Diabetes etc.: Yes/No

II. History of any operation/Surgery : Yes/No

III. History of any regular medication : Yes/No

IV. History of any kind of allergy : Yes/No

(Signature of the candidate to be attested by the Chairman)

(Signature of the candidate in the presence of examining Doctor)

(Signature of the Chairman with seal of the Department)

Medical Examination**General Physical Examination**

(a) Pulse _____/min. Blood Pressure _____ mmHg (sitting)

(b) Vision (without glasses) Right _____ Left _____ Colour Vision _____

(c) Vision (with glasses) Right _____ Left _____

A. Systemic Examination of CNS/Chest/ CVS/Abdomen/Limbs

B. Recommendation of the examining physician, if any

(Signature of the Medical Officer with seal and date)

**FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR
COMMUNICATION OF LEAVE AND FOR FITNESS**

Signature of patient

Or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant or Medical Practitioner. (with qualifications-MBBS or above)

Identification marks:-

a. _____

b. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit of join service.

Signature of Medical attendant

Registration No. _____

(MBBS or above with Mobile #)

Note:- The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

FORMAT FOR MEDICAL RECORD

Name of the patient:

Age:

Sex:

Address:

Occupation:

Date of 1st visit:

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after Investigation:

Advice:

Follow up

Date:

Observations:

Signature in full _____

Name of Treating Physician
(MBBS or above with Mobile #)

Important Note:- Under this category of Physically Challenged, persons only with Permanent Physical Disability (PPD) will be considered. Candidates with temporary physical disability will not be eligible for applying under this category.

COPY OF CERTIFICATE OF PERSON WITH DISABILITY (PwD) CATEGORY FOR APPLYING FOR ADMISSION

(Detailed information is available at Ministry of Social Justice and Empowerment, Government of India website: www.socialjustice.nic.in as per PART-II Section 3, sub-section (i) Notification as amended on 30th December, 2009 for persons with disability (Equal Opportunities and full participation Rules, 1996) (Copies of Form-I, Form-II, Form-III and Form-IV, attached).

Form-I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

1. Name: (Surname)_____ (First name)_____

(Middle name) _____

2. Father's name:_____ Mother's name:_____

3. Date of Birth: (date) _____ / (month) _____ / (year) _____

4. Age at the time of application: _____ years

5. Sex: _____ Male/Female

6. Address:

(a) Permanent address

(b) Current Address (i.e. for communication)

(c) Period since when residing at current address

7. Educational Status (Pl. tick as applicable)

- I. Post Graduate
- II. Graduate
- III. Diploma
- IV. Higher Secondary
- V. High School
- VI. Middle
- VII. Primary
- VIII. Illiterate

8. Occupation
9. Identification marks (i) _____ (ii) _____
10. Nature of disability: locomotor/hearing/visual/mental/others
11. Period since when disabled: From Birth/Since year _____
12. (i) Did you ever apply for issue of a disability certificate in the past _____ YES/NO
(ii) If yes, details:

a. Authority to whom and district in which applied

b. Result of application

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
- a. ration card,
 - b. voter identity card,
 - c. driving license,
 - d. bank passbook,
 - e. PAN card,
 - f. Passport,
 - g. Telephone, electricity, water and any other utility bill indicating the address of the applicant,
 - h. A certificate of residence issued by a Panchayat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Govt. school,
 - i. In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority

Stamp

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in case of blindness)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)

Recent pp size
Attested Photograph
(showing face only)
of the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth (DD/ MM/ YY) _____

Age _____ years, male/female, Registration No. _____

permanent resident of House No. _____ Ward/Village/Street _____

Post Office _____, District _____, State _____,

whose photograph is affixed above, and am satisfied that:

(A) He/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C) He/She has _____ % (in figure) _____ percent (in words) permanent physical impairment/blindness in relation to his/her _____ (part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
--------------------	---------------	--

Signature and Seal of Authorised Signatory of
Notified Medical Authority)

Signature/Thumb
impression of the
person in whose
favour disability
certificate is issued.

Form-III

Disability Certificate (In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent pp size
Attested Photograph
(showing face only)
of the person with
disability

Certificate No. _____

Date: _____

This is to certify that we have carefully examined

Shri/Smt./Kum. _____ son/wife/daughter of Shri

_____ Date of Birth (DD/ MM/ YY) _____ Age _____ years,

male/female, Registration No. _____ permanent resident of

House No. _____ Ward/Village/Street _____ Post

Office _____, District _____, State _____, whose

photograph is affixed above, and are satisfied that:

(A) He/she is a case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
	Locomotor disability			
	Low vision			
	Blindness	Both Eyes		
	Hearing impairment			
	Mental retardation			
	Mental-illness			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary.

Or

(ii) is recommended/after _____ years _____ months, and therefore, this certificate shall be valid till (DD / MM /YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
--------------------	---------------	--

5. Signature and seal of the Medical Authority

Name and seal of Member

Name and seal of Member

Name and seal of the
Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.
--

Form-IV

Disability Certificate (In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)

Recent pp size
Attested Photograph
(showing face only)
of the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____
son/wife/daughter of Shri _____ Date of Birth (DD/ MM/ YY) _____
Age _____ years, male/female, Registration No. _____
permanent resident of House No. _____ Ward/Village/Street _____
Post Office _____, District _____, State _____,
whose photograph is affixed above, and am satisfied that he/she is a case
of _____ disability. His/her extent of percentage physical impairment/disability
has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in
the table below:-

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
	Locomotor disability			
	Low vision			
	Blindness	Both Eyes		
	Hearing impairment			
	Mental retardation			
	Mental-illness			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary.

Or

(ii) is recommended/after _____ years _____ months, and therefore, this certificate shall be valid till (DD / MM /YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
---------------------------	----------------------	---

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.
--

Note: 1. "In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District"

**CERTIFICATE FOR INTERNAL FACULTY ONLY WITH BDS QUALIFICATION
(TO BE ISSUED BY THE PRINCIPAL-CUM-PROFESSOR OF THE INSTITUTE)**

Certified that Sh./ Smt. _____

S/o, D/o, W/o Sh _____ is working in

Dr. Harvansh Singh Judge Institute of Dental Sciences and Hospital
(HSJIDS), Panjab University, Chandigarh and the details of his/ her
employment with HSJIDS is as under:-

Dated:

Head of the Department
(With Seal)