

**GOA DENTAL COLLEGE & HOSPITAL
BAMBOLIM-GOA
APPLICATION FORM FOR ADMISSION TO M.D.S. DEGREE PROGRAM-2024**

Date of inviting application	23/05/2024
Last date of receipt of application	29/05/2024
Date of display of merit list (Goa Dental College Notice Board)	04/06/2024
Date of Counseling Round I	
Last date for joining the course after Round I	
Date of Counseling Round II	
Last date for joining the course after Round II	
Date of Counseling Round III (if required)	
Commencement of Academic Session	

Number of MDS Seats Available for the year 2024-2025

Sr. No.	Subject	NEET		Total
		State Quota	All India Quota	
1.	Oral Medicine & Radiology	1	2	3
2.	Pedodontics & Preventive Dentistry	1	2	3
3.	Orthodontics & Dento-Facial Orthopaedics	1	2	3
4.	Periodontics	2	1	3
5.	Oral & Maxillofacial Surgery	1	2	3
6.	Conservative Dentistry & Endodontics	2	1	3
7.	Prosthodontics and Crown & Bridge	2	1	3
8.	Public Health Dentistry	1	1	2
9.	Oral & Maxillofacial Pathology	1	1	2
	TOTAL	12	13	25

Note:-

- Application must be complete in all respects. Incomplete applications will not be considered.
- Application reaching after due date due to postal or other delays will not be entertained.
- Applicants must attach their original Admit and Score Cards as proof of their NEET ranking.
- Application must be accompanied by attested photocopies of all relevant documents.
- Original certificates must be shown on the day of Counseling and submitted to the College on securing admission.
- All students should submit the Bond along with the admission fees.
- The State Quota seat matrix is subject to Reservation as per Govt. notification.

FOR OFFICE USE ONLY

Date of Receipt: _____

Name of the Candidate _____

1.	Aadhaar Card	6.	NEET Score Card
2.	Proof of Residence	7.	NEET PG State Quota Rank
3.	I - IV B.D.S. Mark sheets	8.	DCI Registration updated
4.	BDS Degree/Passing Certificate	9.	Caste/PWD Certificate (as applicable)
5.	Internship Completion Certificate	10.	Income Certificate (if applicable)

Scrutinized by:-

Verified by:-

ACKNOWLEDGEMENT

Received APPLICATION FORM No. _____ FOR ADMISSION TO M.D.S. DEGREE PROGRAM-2024 from _____ on _____

Signature

1. Name of the applicant (as recorded in the certificates)

(Surname) (Name) (Middle Name)

2. Date of Birth _____ 3. Nationality _____

4. Permanent Address:- _____

5. Tel. No. _____ 6. Mobile No. _____

7. e-mail _____

8. Name of Parent/Guardian: _____

9. Address for Communication:- _____

Contact No. _____ e-mail : _____

10. Permanent Registration with State Dental Council :

Name of the State Dental Council : _____

No. of Registration : _____ Date : _____

NEET PERCENTAGE OBTAINED		POSITION IN THE STATE QUOTA MERIT LIST	
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CATEGORY (Please tick mark the option)

GENERAL		SC		ST		OBC		EWS		PWD(GEN)	
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DECLARATION BY APPLICANT

I, Dr. _____ do hereby solemnly declare that the particulars furnished above are true, complete and correct to the best of my knowledge and belief. If at any time in the future, the information so provided is found to be false or incorrect or inadmissible, appropriate action as deemed fit may be taken against me.

If admitted, I agree to execute and submit an Agreement-cum-Bond with the Government of Goa, on their terms and conditions and abide by any rules that may be framed from time to time.

I further declare that I shall comply with the rules and regulations of the Goa Dental College & Hospital and of the Goa University.

Signature of Applicant

Place _____

Date _____

List of attested copies of certificates to be submitted along with applications:-

1. Aadhaar Card
2. Certificate of Residence from a District Magistrate/Sub-Divisional Magistrate/Mamlatdar.
3. I – IV BDS Marksheets
4. BDS Degree/Passing Certificate.
5. Internship Completion Certificate.
6. NEET Score Card **in original**
7. NEET PG State Quota Rank
8. Certificate of Permanent Registration with State/Indian Dental Council
9. Caste/Disability/Income Certificate (as/if applicable)

