GOA DENTAL COLLEGE & HOSPITAL
BAMBOLIM-GOA
APPLICATION FORM FOR ADMISSION TO M.D.S. DEGREE PROGRAM-2022

Date of inviting application	06/09/2022
Last date of receipt of application	09/09/2022
Date of display of merit list (Goa Dental College Notice Board)	12/09/2022
Date of Counseling **Round I**	15/09/2022
Last date for joining the course after Round I	19/09/2022
Date of Counseling **Round II**	26/09/2022
Last date for joining the course after Round II	03/10/2022
Date of Counseling **Round III** (if required)	---
Commencement of Academic Session	03/10/2022

Number of MDS Seats Available for the year 2022-2023

Sr. No.	Subject	NEET All India Quota	State Quota	Total
1.	Prosthodontics and Crown & Bridge	1	2	3
2.	Orthodontics &Dento-Facial Orthopaedics	1	1	2
3.	Oral Medicine & Radiology	1	1	2
4.	Periodontology	1	1	2
5.	Conservative Dentistry & Endodontics	1	1	2
6.	Oral & Maxillofacial Surgery	1	1	2
7.	Oral Pathology & Microbiology	1	1	2
8.	Pedodontics& Preventive Dentistry	2	1	3
	TOTAL	**9**	**9**	**18**

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.**

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 Certificate (if 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-2022 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	

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/Income Certificate (if applicable)