

**HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY,  
PATAN**

**POST GRADUATE (MDS) COMPETITIVE EXAM  
APPLICATION FORM – ACADEMIC YEAR 2014-2015**

**For Office Use**

- (1) **Date of Submission:** \_\_\_\_\_.  
(2) **Application form No:** \_\_\_\_\_.  
(3) **Fees Paid (Yes/No) :** \_\_\_\_\_.

**Important Dates**

**Last Date of Submission: 21/5/2014, 4:00 pm**

**Examination date & Time: 23/5/2014**

**1:00 pm - 3:00 pm**

**Results: 24/5/2014**

**Counseling: 26/5/2014**

**(12:00 noon onwards)**

**1. Personal Information (IN BLOCK LETTERS)**

<b>a. Name</b>	
<b>b. Nationality</b>	
<b>c. Date of Birth</b>	
<b>d. Gender</b>	
<b>Category SC/ST/SEBC (IF YES, ATTACH CERTIFICATE)</b>	
<b>e. Address</b>	
<b>f. Phone Numbers</b>	
<b>g. Email</b>	
<b>h. Name, Address &amp; Contact of Financial Sponsor</b>	

**2. Education Information (IN BLOCK LETTERS)**

**a. Name of the college where BDS Passed.**

**b. University**

**c. Is the BDS degree recognized by DCI?-**

**3. Particulars of Examination**

<b>Examination</b>	<b>Month &amp; Year of passing</b>	<b>Total Marks Obtained</b>	<b>Percentage of Marks Obtained</b>	<b>Number of Attempts</b>
<b>1<sup>st</sup> BDS</b>				
<b>2<sup>nd</sup> BDS</b>				
<b>3<sup>rd</sup> BDS</b>				
<b>4<sup>th</sup> BDS</b>				
<b>Total Percentage Average</b>				

**4. Preference of MDS subjects**

Please give ranking to the following available MDS subjects as per your preference of admission (a) Prosthodontics and Crown & Bridge (b) Orthodontics & Dentofacial Orthopaedics (c) Conservative and Endodontics (d) Periodontology (e) Oral Medicine and Radiology (f) Oral & Maxillofacial Surgery (g) Public health Dentistry (h) Oral Pathology & Microbiology (i) Paediatric & Preventive Dentistry	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

**5. Document Checklist (please tick)- please submit copies of all the following and carry Originals for Verification**

1. School leaving certificate/ Date of Birth proof
2. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> BDS Mark sheets (for all attempts).
3. Degree certificate, internship completion certificate.
4. Permanent registration certificate form respective state dental council.
5. Caste Certificate if applicable (SC/ST/SEBC) from competent authority as per rules of Govt. of Gujarat.
6. Certificates of internship completion.
7. Certificate of Registration with State Dental Council of India.
8. 10 passport size photographs.
9. Identity proof in the form of government documentation.

**d. Policy**

1. SC, ST, SEBC seats are reserved as per rules and regulation of Govt. of Gujarat
2. Separate Merit lists will be prepared for SC, ST, SEBC and Unreserved.

**e. Tuition Fees**

The tuition fees for the post Graduate (MDS) Courses at Narsinhbhai Patel Dental College & Hospital is Rs. 5,20,000 /- per year.

**Agreement and Signature (Applicant)**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal of my application.

Name	
Signature	
Date	



**HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY  
PATAN – 384265**

<b>CANDIDATE UNIVERSITY DETAILS</b>		<b>FOR OFFICE USE ONLY</b>	
<b>HEMCHANDRACHARYA GUJARAT UNIVERSITY</b>	<b>YES / NO</b>	<b>APPLICATION REGISTRATION NO.</b>	
<b>OTHER THAN H.N.G.Uni.</b>	<b>YES / NO</b>	<b>STATUS &amp; CATEGORY</b>	
<b>(IF YES, NAME OF UNIVERSITY)</b>		<b>MERIT NO.</b>	
		<b>CATEGORY MERIT NO.</b>	
<b>PH QUOTA</b>	<b>YES / NO</b>	<b>PH MERIT NO.</b>	

**FACULTY OF DENTAL SURGERY  
RULES AND APPLICATION FORM FOR ADMISSION  
TO  
POST GRADUATE DEGREE DENTAL COURSES (M.D.S.)  
AT THE DENTAL COLLEGE / INSTITUTION AFFILIATED WITH GUJARAT UNIVERSITY  
(FOR ACADEMIC YEAR 2014)**