

BHOJIA DENTAL COLLEGE AND HOSPITAL

Chandigarh – Nalagarh Road, Vill. – BHUD, Teh. – BADDI, Distt– SOLAN (HP) – 173205

email: bhojiadental@gmail.com ; website: www.bhojiamededu.com

INSTRUCTIONS TO CANDIDATES FOR PHYSICAL REPORTING

1. The candidate would report to the college physically for taking admission, after paying necessary fees in the concerned college Bank Account and submission and verification of the original documents at the college and join duties.
2. At the time of physical joining and commencement of session the candidate should produce Medical Fitness Certificate from the Govt. Medical College Board/District Hospital Medical Board alongwith certification that he/she is not COVID-19 suspected patient.
3. At the time of physical joining candidates need to deposit a Bank Guarantee (as per order of Hon'ble Supreme Court), Un-dated Cheques and also, Physical verification of original certificate will have to be done at the same time.
4. He/she should give self-attested undertaking to the concerned college stating as under:
 - a. That I hereby declare that all the information given/uploaded by him/her in the application is accurately correct and true to the best of my knowledge.
 - b. That he/she will abide by the terms and conditions of the prospectus and the decisions taken by the Centralized Counseling Committee.

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BANK DETAILS

The payment of fee can be made via online transfer or demand draft in favour of 'Bhojia Dental College and Hospital' payable at Baddi. Bank details for online transfer are:

Beneficiary Name: BHOJIA DENTAL COLLEGE AND HOSPITAL

Bank: AU SMALL FINANCE BANK

Branch: BADDI

Account No.: 1881238319362845

IFSC Code: AUBL0002382

Branch Code: 002382

Note:

- Last date of joining the allotted institute is 19.10.2021 up to 11:00 AM, failing which, the provisional seat allotted you will be treated as cancelled and no claim thereafter will be entertained, in any case.
- The candidates have to pay fee amount of Rs. 4,02,750/- (for state quota) and Rs. 6,50,000/- (for Management quota).

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DOCUMENTS TO BE SUBMITTED AT TIME OF PHYSICAL JOINING

1. Admit card issued by NBE
2. Result/Rank Letter issued by NBE
3. Marksheet of BDS 1st, 2nd, 3rd and Final Profession Examinations.
4. BDS Degree/Provisional BDS Degree.
5. Internship Completion Certificate/Certificate form the Head of Institution.
6. Attempts Certificate duly signed by the Principal of the College concerned.
7. Character Certificate form the College last attended.
8. Permanent/Provisional Registration Certificate issued by DCI.
9. High School/High Secondary Certificate/Birth Certificate as proof of date of Birth.
10. The NOC from competent authority in case of In-service candidates (Appendix 4).
11. One of the identification proofs (ID Proof) i.e. PAN Card, Driving License, Voter ID, Passport or Aadhar Card).
12. Bonafied Himachali Certificate (In case of Direct State Quota Candidate) (Appendix 1).
13. Reserve category certificate in case of seat allotted in SC/ST/PWD category (Appendix 2).
14. Affidavit (In original) duly attested, from the direct candidate stated in the Appendix 3).
15. Affidavit (In original) duly attested for not participation in ragging activities as stated in Appendix 7.
16. At the time of physical joining candidates need to deposit a Bank Guarantee (as per order of Hon'ble Supreme Court), Un-dated Cheques and also, Physical verification of original certificate will have to be done at the same time.
17. Your selection is purely provisional subject to verification of original certificates/documents at the time of physical joining by the allotted college.

(Appendix is as per prospectus issued by Himachal Pradesh University, Shimla)

*NOTE: For any clarification regarding online/physical reporting or any other query related to joining, kindly refer to the MDS Counseling Prospectus issued by Himachal Pradesh University, Shimla or contact the college authorities.

Mr. Vikram Bhojia (Secretary) 9816089981

Dr. Tarun Kalra (Principal) 9815539400

Mr. Shakti Kumar (Co-Ordinator) 9988072463

APPENDIX -1

Form-G

(See Para 28.14)

CERTIFICATE OF BONAFIDE HIMACHALI

No. _____

Dated: _____

Certified that Sh/Kumari _____

Son/Daughter of _____

Resident of _____ Tehsil _____ Dist. _____

Himachal Pradesh is a Bonafide Himachali.

- (i) Having his/her permanent home in Himachal Pradesh. OR
- (ii) Residing in Himachal Pradesh for a period 20 years or above; or
- (iii) Having his/her permanent home in Himachal Pradesh but living outside H.P.
on account of Occupation of his/her parents/guardian.

Seal of the Court

Place: _____

Dated: _____

Signature of Sub-Divisional Magistrate/
Executive Magistrate

Signature of the Applicant

1. The certificate should be latest of the year in which admission is applied for.
2. Doubtful certificates will be got verified through the intelligence source and if found wrong, it will render the student liable to expulsion and suitable legal action.

APPENDIX -2

FORM OF CERTIFICATE OF BELONGING TO SCHEDULE CASTES/ SCHEDULED TRIBE/OTHER BACKWARD CLASSES

This is to certify that Shri/Kumari _____
son/Daughter/adopted son/adopted daughter/wife of Shri _____
of

Village _____ belongs to _____
community

(community must be indicated) which is recognized as a Scheduled Caste/ Scheduled
Tribe for Himachal Pradesh under the Constitution (Scheduled Castes) (Union
Territories) Order, 1951, the constitution (Scheduled Tribe) (union Territories) order,
1951, as amended from time to time.

As such Shri/Smt./Kumari _____ and his/her
family ordinarily reside(s) in the _____ District of Himachal
Pradesh.

Signature

*Designation _____

with seal of the office of certificate
issuing authority Seal of the Court

Place _____

Date _____

*This certificate (format given above) on the format issued by the signing authorities
should be signed by the Sub-Divisional Magistrate/Executive Magistrate of the area
concerned to which the father/guardian/husband of the candidate belongs. It should be
signed and not countersigned.

APPENDIX -3

AFFIDAVIT TO BE SUBMITTED BY THE DIRECT CANDIDATES ON NON-
JUDICIAL STAMP PAPER DULY ATTESTED BY THE COMPETENT AUTHORITY

AFFIDAVIT

I, _____ (name of Candidate) Son/ Daughter
of Shri _____ (Father's name) presently residing at (Full
Address) _____

_____ do hereby solemnly affirm and declare as
under:

- (i) That I have gone through all the eligibility conditions of the prospectus and applying for admission to Postgraduate Degree (MDS) Course for the session 2021-22.
- (ii) That I am not in the service of Government of Himachal Pradesh on Regular /Adhoc/Contract/RKS Basis.

OR

That I am working on Regular/Contract/RKS basis as In-Service (M.O. Dental) but not possessing the requisite qualifying service as defined at clause 3.1(A). I understand that my candidature be considered as a Direct Candidate in terms of clause 3.1 (B).

DEPONENT

(Candidate's signature)

Verification I, the above named deponent do hereby affirm and declare that the above particulars of the affidavit are true and correct to the best of my knowledge. No part of it is false and nothing has been concealed there from.

Verified at _____ on this _____ day of _____

DEPONENT

APPENDIX-4

SERVICE CERTIFICATE-cum-NO OBJECTION CERTIFICATE (NOC) IN-SERVICE (M.O.DENTAL)

This is to certify that Dr. _____
Son/daughter of Shri. _____ is
regular In-Service (M.O.Dental) on regular/contract/RKS appointee w. e. f. _____
and presently posted at _____.

I have gone through all the relevant clauses/provisions of the PG (MDS) Degree Course Prospectus for the session 2021-24 and found him/her eligible for In-Service (M.O. Dental) candidature. He/ She completed the required area service. The detail of rendering the service by the candidate is as under :-

	Name of difficult/remote/rural tribal/backwards area as per provision of the prospectus	Period Served		Total Period	Percentage of marks to be awarded in lieu of difficult/remote/rural/tribal/backward area services
		From	To		
1					
2					
3					
4					
5					

The particulars of In-service (M. O. Dental) including area have been verified from the office record & found in order. Hence, his/her candidature is permitted for admission to PG(MDS) Degree Course.

SIGNAURE

Director, Dental Health
Services, H.P. (with seal)

Date: _____

SIGNATURE

With designation & Seal
BMO/CMO/Principal

Date: _____

APPENDIX -7

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE CANDIDATE AT THE TIME OF THE ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT

- Name of Institution.....
Name of Course.....
i) Name of the Student
ii) Parentage with address & Telephone Nos.....
.....
.....
iii) Date of admission in MBBS/BDS course.....
iv) Day Scholar (address with Mobile/Telephone No.)
v) Undertaking to be given and signed by the student.

UNDERTAKING

I.....S/O/D/OSh.....
studying in (MBBS/BDS)..... course in
(Name of College) for the
academic session 2021-22 and presently a student of
year/Professional is hereby give an undertaking that I will not indulge in any kind of ragging or in discipline in the campus/Hostel/outside/anywhere. If so, strict disciplinary action may be taken against me as per law/Ordinance issued by the Government of Himachal Pradesh and Regulations of Medical/Dental Council of India.

Date Signature of the Student.....
Place Name.....
Class/Course.....
Mobile/Telephone No.....

COUNTERSIGNED

(Parents/Guardians)

Full Address:.....

Telephone No./Contact No.....

APPENDIX -7-A

PROFORMA FOR AFFIDAVIT TO BE SUBMITTED BY THE PARENTS/LEGAL GUARDIAN OF THE CANDIDATE AT THE TIME OF ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT DULY ATTESTED BY THE COMPETENT AUTHORITY

(To be submitted on plain paper)

AFFIDAVIT

I.....father/mother/ legal guardian of Mr./Ms..... resident of (full address with telephone No.) who has been admitted in the academic session 2021-22 in (Name of the college presently a student of (MBBS/BDS) course do hereby solemnly

affirm and declare that my son/daughter/ward will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by the H.P. Govt. and Regulations of Medical/Dental Council of India I/We will not interfere in any way in the action against my son/daughter/ward.

Deponent

(To be signed by the Father/Mother/Legal Guardian of the student)

VERIFICATION

I, the above-named deponent do hereby solemnly affirm and declare that the above particulars of the affidavit are true to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Verified at on this day of..... 2021.

Deponent