


MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)
UNDER-GRADUATE EXAMINATION FORM D01/I-16M

To be filled by the University		
Examination Centre	Examination Center code	Roll Number
ENROLLMENT NUMBER		

TO BE FILLED BY CANDIDATE

1. COLLEGE CODE

2. CANDIDATES NAME

FIRST NAME																				
MIDDLE NAME																				
SURNAME																				

3.
Left Hand Thumb Impression of the Candidate
4.
Signature of the Candidate in running hand, within the box only

5.
Paste (do not staple) recent Photograph (Size 35mm× 45mm) duly attested by the Dean/Principal/Head of the Institution.

To
The Controller of Examination
Madhya Pradesh Medical Science University
Jabalpur (M.P.)

Sir,
I request permission to present myself at the ensuing **First BDS (Main)** Examination to be held in October **2016**. I furnish my details as stated below:-

6. CANDIDATE'S NAME in Capital Letters (Strictly as per Class XII or GAZETTE Notification):

SURNAME																				
FIRST NAME																				
MIDDLE NAME																				

7. Date of Birth

Date	Month	Year

8. Gender

Male		Female	
------	--	--------	--

9. MOTHER'S NAME in Capital Letters:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. FATHER'S/HUSBAND NAME in Capital Letters:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Candidate's mailing address in CAPITAL Letters only:

House no.					Building/ Locality															
Street																				
Town					District															
STATE																				

12. College Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. Contact No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13. Email Address:

14. I will be appearing for the following Subjects:-

Sr. No	Subject Name	Attendance %		HOD Name	HOD Signature
		Theory	Practical		
1	GENERAL HUMAN ANATOMY				
2	PHYSIOLOGY & BIOCHEMISTRY				
3	DENTAL ANATOMY				

15. My Internal assessment marks for the following Subjects are:-

Sr. No	Subject Name	Internal assessment marks		HOD Name	HOD Signature
		Theory	Practical		
1	ANATOMY				
2	PHYSIOLOGY & BIOCHEMISTRY				
3	DENTAL ANATOMY				

16. DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfil criteria of attendance and Internal Assessment prescribed by the University/ DCI, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear for Examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the University for grant of terms.

Place:

Date:

Signature of Candidate in running hand**17. FOR THE USE OF INSTITUTION OFFICE**

Fulfils attendance criteria	YES	NO	Fulfils Internal Assessment criteria	YES	NO
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original*	YES	NO
Class XII Mark sheet Copy	YES	NO	Migration certificate 2 copies*	YES	NO
Signature of verifying officer					

*If not submitted at the time of application for enrolment.

18. CERTIFICATE BY THE HEAD OF INSTITUTION

I certify :

1. That Shri/Smt/Kum. is a bonafide student of this college, admitted to the BDS course in the Admission Session 2015-16. He/she is not admitted to the course after the cut-off date for grant of terms.
2. * That his/her attendance is not less than as prescribed by the Dental Council of India norms in lecture teaching and practical work up to submission of this application. **OR**
* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1
(Cancel whichever is not applicable)
3. That the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the DCI rules and has scored internal assessment marks required to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

Signature & Seal of the Dean/Principal

**EXAMINATION FEE RECIEPT
(COLLEGE COPY)
EXAMINATION First BDS (Main) 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

**EXAMINATION FEE RECIEPT
(UNIVERSITY COPY)
EXAMINATION First BDS (Main) 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

**EXAMINATION FEE RECIEPT
(CANDIDATE COPY)
EXAMINATION First BDS (Main) 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

Dear Student,

You have downloaded the Examination application form for appearing in the first year BDS Examination October 2016.

The Last due date of submission of this form to the University by your college is 26th September 2016 without late fee and 1st October 2016 with Late fee. Since your form is to be forwarded and submitted by your college, they will decide the last date of submission of form to them.

Carefully follow the steps given below to apply.

1. Your application form has 2 pages. Have a print out of both the pages on both sides of a single sheet of A4 size paper.
2. Have a print out of fee receipt form (annexure 1).
3. Collect the following information from your college office:
 - (a) Your College code (also available on the university website),
 - (b) Your theory and practical class attendance in the subjects for examination,
 - (c) Your theory and practical internal assessment marks in the subjects for examination.
4. Have the following documents ready with you for attaching to the application form:
 - (a) An attested photocopy of your 10+2 board examination mark sheet,
 - (b) **Migration certificate from the board/ university last attended in original** with two attested photocopies. If you have submitted the original to your college office, make sure that the office attaches it to your application before forwarding it to the university. (if not already submitted while making enrolment application)
 - (c) Your recent 35 mm(W) X 45 mm(L) *coloured* photograph in a light coloured dress.
5. Having satisfied yourself that you fulfill all eligibility criteria to appear in the examination deposit your exam fees (ANNEXURE 2) in the college office and get receipt in the fee receipt form.
6. How to fill the Examination form : **(use black ball point pen only. Use capital letters to enter characters)**.

On page one in the boxes provided-

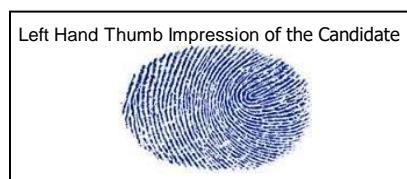
(1) Fill in college code as shown under (refer to annexure – 3). Eg. For Govt. College of Dentistry, Indore

1. COLLEGE CODE				
D	G	0	0	1

(2) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	M	I	T	A				
MIDDLE NAME	S	I	N	G	H				
SURNAME	P	A	R	I	H	A	R		

(3) Put your left thumb impression in the box provided



(4) Put your signature in the box provided

Signature of the Candidate in running hand, within the box only
<i>Signature</i>

(5) Paste the photograph (see no. 4 (c) above) in the box. Photo must be attested by the dean/ principal of the institute.



(6) See 2 above.

(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15th Aug. 1996

7. Date of Birth

Date		Month		Year			
1	5	0	8	1	9	9	6

(8) Put a right mark against your gender, i.e., if you are a girl mark as:

8. Gender

Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
------	--------------------------	--------	-------------------------------------

(9 to 13) Make the entries as required

On page 2:

(14 & 15) Fill in the required data and have it verified from respective Head of Department.

(16) Put Place, Date and your signatures. Attach the following to the application form:

Attachments
Fee Receipt University copy No.
Class XII Mark sheet Copy
Migration certificate Original
Migration certificate 2 copies

(17) Submit to the college office for forwarding to the university well with in time.

ANNEXURE – 2

EXAMINATION FEES (REFER MPMSU Ordinance 04/2014 table 16)

S No.	First BDS	
	Examination fee	₹3000/-
	Form fee	₹ 100/-
	Total fee if form received in time	₹3100/-
	Late fee up to 5 days of last date of receiving the form by the university	₹ 300/-

ANNEXURE – 3

COLLEGE CODE

DENTAL COLLEGES

S. no.	College Name	Code of College
1	Govt. College of Dentistry, Indore	DG001
2	Bhabha College of Dental Sciences, Bhopal	DP001
3	College of Dental Sciences & Hospital, Indore	DP002
4	Guru Gobind Singh College of DC & R.C., Burhanpur	DP003
5	Hitkarini Dental College hospital, Jabalpur	DP004
6	Institute of Dental Education & Advance Studies (IDEAS), Gwalior	DP005
7	Maharana Pratap College of Dentistry & R.C., Gwalior	DP007
8	Mansarovar Dental College, Bhopal	DP008
9	Modern Dental College & R. C. , Indore	DP009
10	Rishi Raj college of Dental Sciences & R.C., Bhopal	DP010
11	Shri Aurobindo College of Dentistry, Indore	DP012