


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

A. Roll Number Given in the main examination (To be filled by the applicant):										
B. ENROLLMENT NUMBER										
To be filled by the University										
New Roll Number (Only in case of new candidates)										
Examination Centre		Theory			Practical					

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 (<i>do not staple</i>) 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 (Supplementary)** Examination to be held in August 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									Year								

8. Gender

Male		Female	
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9. MOTHER'S NAME in Capital Letters:

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

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

House no.																			
Street																			
Town																			
STATE																			

12. College Name:

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12. Contact No. :

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13. Email Address:

14. I will be appearing for the following Subjects (Tick in the serial number box):-

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

* To be filled by the new candidates only who did not appear in the main examination.

15. My Internal assessment marks for the following Subjects are:- To be filled by the new candidates only.

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

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

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
BDS/ Class XII* Mark sheet Copy	YES	NO	Migration certificate 2 copies *	YES	NO
Signature of verifying officer					

* Required only for the new candidates who did not appear in the main examination.

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 2014-15. 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 RECEIPT
(COLLEGE COPY)
EXAMINATION First BDS (Supplementary) August 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 RECEIPT
(UNIVERSITY COPY)
EXAMINATION First BDS (Supplementary) August 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 RECEIPT
(CANDIDATE COPY)
EXAMINATION First BDS (Supplementary) August 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 (Supplementary) of 2016.

Last Date of submission of the form by the college will be 20.07.2016 without late fee and 25.07.2016 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 BDS 1st year(main)/ 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.
 - (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-

A. Fill in your main examination roll number.

B. Fill in your Enrollment number (if allotted)

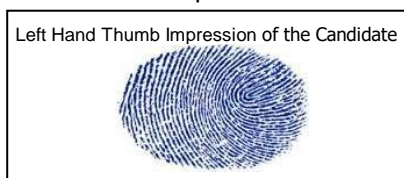
(1) Fill in college code as shown under (refer to annexure – 3). Eg. For Govt. College of Dentistry, Indore

1. COLLEGE CODE				
D	G	0	0	1

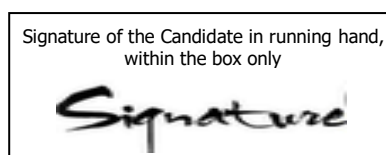
(2) Fill in your first name, second name and surname in the boxes

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



(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"/>
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(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.
1 st BDS (Main) Mark sheet Copy
Class XII Mark sheet Copy *
Migration certificate Original *
Migration certificate 2 copies *

* For New candidates only, who did not appear in the main examination.

(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)**

BDS First year			
Fees if form received in time			
	Examination fee	Form fee	Total
Examination fee One subject	₹1000/-	₹ 100/	₹1100/
Examination fee Two subjects	₹2000/-	₹ 100/	₹2100/
Examination fee Three subjects	₹3000/-	₹ 100/	₹3100/
Late fee			
			Add Late fee
Late fee (if applicable)			₹ 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	Index Medical College	DP006
8	Maharana Pratap College of Dentistry & R.C., Gwalior	DP007
9	Mansarovar Dental College, Bhopal	DP008
10	Modern Dental College & R. C. , Indore	DP009
11	Rishi Raj college of Dental Sciences & R.C., Bhopal	DP010
12	Shri Aurobindo College of Dentistry, Indore	DP012