


**MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)**
**FORM FOR 1<sup>st</sup> B.D.S. EXAMINATION - August 2018**

ENROLLMENT NUMBER																				
COLLEGE CODE																				

Note: Examination fee once submitted shall not be refunded on any ground, hence, please make sure that 1: you are eligible to appear in the exam, 2: you were admitted to the course before the cut of date and 3: your enrollment form was submitted to the MPMSU on time

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

Sir,  
I request permission to present myself at the ensuing **1<sup>st</sup> B.D.S. Examination** to be held in **August -2018**.  
I furnish my details as stated below:-

<b>1. CANDIDATE'S NAME in Capital Letters</b> (Strictly as per Class XII or GAZETTE Notification):																				
FIRST NAME																				
MIDDLE NAME																				
SURNAME																				
<b>2. FATHER'S NAME</b> (Leave a gap between First Name, and Middle Name. Don't write Surname)																				

<b>3. COLLEGE NAME</b>																				

**6.**

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

**4.**

Left Hand Thumb Impression of the Candidate

**5.**

Signature of the Candidate in running hand, within the box only

**7. Date of Birth**

Date	Month	Year

**8. Gender**

Male	
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Female	
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**9. MOTHER'S NAME in Capital Letters:** (Leave a gap between First Name, and Middle Name. Don't write Surname)

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**10. Candidate's mailing address in CAPITAL Letters only:**

House no.				Building/ Locality																
Street																				
Town								District												
STATE														PIN CODE						

**11. Contact No. :**

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**12. Email Address:** .....

**13. Eligibility Criteria Detail:-**

Qualifying Entrance Exam Name-.....

Year-.....Roll No.-.....Rank-.....Marks Obtain.....Out off.....

DME Allotment Letter (Photocopy Attached)- YES...../NO.....

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

Sr. No	Subject Name	Internal Assessment		Attendance (min.75%)		Signature of HOD
		Theory	Practical	Theory	Practical	
1	General Anatomy Including Embryology & Histology					
2	General Human Physiology & Biochemistry					
3	Dental Anatomy, Embryology & Oral Histology					

**Details of 1<sup>st</sup> year Examination(in case of supplementary):-**

a	Roll No.	
b	Total Marks obtained	
c	Result	

**15. DECLARATION BY THE CANDIDATE**

- 1) I am aware that, I have to fulfil criteria of attendance by the University/ DCI, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear in 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 admitted to the course after the cut-off date declared by the University for grant of terms.
- 5) I fulfil all the criteria for the admission in the course as defined by the DCI/ University and I am not defying the criteria of the admission order.

Place:

Date:

**Signature of Candidate in running hand****16. FOR THE USE OF INSTITUTION OFFICE**

Fulfils attendance criteria	YES	NO			
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original ( if not submitted with enrolment form)	YES	NO
BDS 1 <sup>st</sup> year Mark sheet Copy	YES	NO			
Signature of verifying officer					

**17. CERTIFICATE BY THE HEAD OF INSTITUTION**

I certify:

1. That Shri/Smt/Kum. .... is a bonafide student of this college, admitted to 1<sup>st</sup> B.D.S. course. 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 DCI 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 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)  
1<sup>st</sup> B.D.S. Examination-August 2018**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ` \_\_\_\_\_ ` \_\_\_\_\_

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLEGE AUTHORITY

**EXAMINATION FEE RECIEPT  
(UNIVERSITY COPY)  
1<sup>st</sup> B.D.S. Examination-August 2018**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ` \_\_\_\_\_ ` \_\_\_\_\_

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLEGE AUTHORITY

**EXAMINATION FEE RECIEPT  
(CANDIDATE COPY)  
1<sup>st</sup> B.D.S. Examination-August 2018**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ` \_\_\_\_\_ ` \_\_\_\_\_

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLEGE AUTHORITY

## ANNEXURE – 2

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

S No.	1 <sup>st</sup> B.D.S. Examination 2018	
1	Examination fee	3000/-
2	Form fee	100/-
3	<b>Total fee if form received on or before 05-07-2018</b>	<b>3100/-</b>
4	<b>Total fee if form received on or before 10-07-2018</b>	+500/-
		<b>3600/-</b>

Dear Student,

You have downloaded the Examination application form for appearing in the **1<sup>st</sup> B.D.S. Examination of 2018.**

**The Last due date of submission of this form to the University by your college is 05-07-2018 without late fee and 10-07-2018 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.

- Your application form has 2 pages. Have a print out of all the pages on a separate sheet of A4 size paper.
- Have a print out of fee receipt form (annexure 1).
- Collect the following information from your college office:
  - Your theory and practical class attendance in the subjects for examination,
- Have the following documents ready with you for attaching to the application form:
  - A self attested photocopy of your 1<sup>ST</sup> B.D.S. examination mark sheet,
  - Your recent 35 mm (W) X 45 mm (L) *colored* photograph in a light colored dress.
- 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.
- 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-**

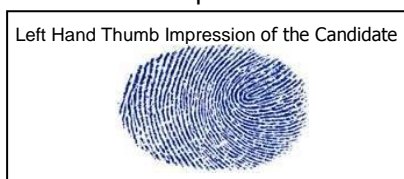
(1) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

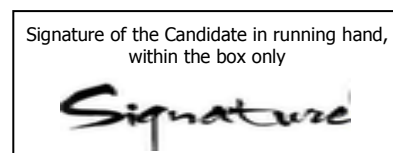
(2) Fill in your father's first name and Middle name in the boxes. Don't write Surname.

(3) Fill in your college/institute full name with district name.

(4) Put your left thumb impression in the box provided.



(5) Put your signature in the box provided



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



(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15<sup>th</sup> 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 12) Make the entries as required

**On Page 2:**

(13) Fill in the required data and have it verified from respective Class coordinator

(14) give Details of 1<sup>st</sup> year Exam:

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

<b>Attachments</b>
Fee Receipt University copy No.
12 <sup>th</sup> Class Mark sheet Photocopy

**(16) Submit to the college office for forwarding to the university well in time.**

**VERY IMPORTANT INSTRUCTIONS TO THE COLLEGES/INSTITUTES**

1. Submit properly filled application forms of all the eligible students on or before 05-07-2018 without late fee and 10-07-2018 with late fee.
2. Collect exam fee of all the students of one course and make a single draft in the favor of “Registrar, M.P. Medical Science University, Jabalpur” payable at Jabalpur.
3. If at any point of time it is found that the college/ institute has submitted or forwarded a form of student who is not eligible to appear in the exam or whose admission process is not as per rules prescribed by DCI/ University, very strict action including legal action and disaffiliation of the college/ institute will be taken by the University
4. **Scan first two pages of the form, save in “JPG format- image size should be less than 300 kb” with the name of the student and submit the CD/DVD along with form. Write the name of the institute on the CD/DVD with the help of permanent marker pen (forms will not be accepted without scanned document in a CD/DVD)**