



## म0प्र0 आयुर्विज्ञान विश्वविद्यालय, जबलपुर (म.प्र.)

क्रमांक/म.प्र.आ.वि.वि./परीक्षा/2022/2314

जबलपुर, दिनांक 7/03/2022

### अधिसूचना

म0प्र0 आयुर्विज्ञान विश्वविद्यालय जबलपुर द्वारा सूचित किया जाता है कि BDS 2<sup>nd</sup> & 3rd Year Examination May-2022 हेतु निम्नानुसार तिथियाँ निर्धारित की जाती हैं:-

#### BDS 2nd Time Table May 2022

S.No	Date	Day	Time	Subject
1	12-05-2022	Thursday	11:00AM To 2:00PM	General Pathology and Microbiology
2	17-05-2022	Tuesday	11:00AM To 2:00PM	General & Dental Pharmacology & Therapeutics
3	20-05-2022	Friday	11:00AM To 2:00PM	Dental Materia

#### BDS 3rd Time Table May 2022

S.No	Date	Day	Time	Subject
1	13-05-2022	Friday	11:00AM To 2:00PM	General Medicine
2	18-05-2022	Wednesday	11:00AM To 2:00PM	General Surgery
3	23-05-2022	Monday	11:00AM To 2:00PM	Oral Pathology & Oral Microbiology

#### • Fee Details

S.No.	Course	Exam Fee	Form Fee	Total Fee if Form Recieved on or before 22-04-2022	Total Fee if Form Recieved on or before 25-04-2022 (Late Fee 500/-)
1	BDS IInd (03 Theory, 05 Practical) Fee for one paper is Rs. 750, Fee for one Practical is Rs. 250	3500/-	100/-	3600/-	4100/-
2	BDS IIIInd (03 Theory, 03 Practical) Fee for one paper is Rs. 750, Fee for one Practical is Rs. 250	3000/-	100/-	3100/-	3600/-

- परीक्षा फार्म भरने की अंतिम दिनांक 22.04.2022 एवं विलंब शुल्क सहित अंतिम दिनांक 25.04.2022 निर्धारित की जाती है। महाविद्यालयों को निर्देशित किया जाता है कि समस्त परीक्षा आवेदन पत्रवाहक के हस्ते दिनांक 25.04.2022 को विश्वविद्यालय में जमा कराना सुनिश्चित करें। लिफाफे में स्पष्ट रूप से परीक्षा फार्म-परीक्षा का नाम एवं परीक्षा फार्म आवेदन संख्या तथा महाविद्यालय का नाम अंकित होना चाहिये।
- विद्यार्थियों की एकजाई RTGS द्वारा भारतीय स्टेट बैंक ऑफ इंडिया, शाखा मेडिकल कॉलेज जबलपुर खाता क्रमांक 32105549579 आई.एफ.एस.सी. कोड SBIN0001445 में स्थानांतरित कराया जाना सुनिश्चित करें।

  
उपकुलसचिव

म.प्र. आयुर्विज्ञान विश्वविद्यालय जबलपुर




परीक्षा नियंत्रक  
म.प्र. आयुर्विज्ञान विश्वविद्यालय जबलपुर

पृ.क्रमांक/म.प्र.आ.वि.वि./परीक्षा/2022/2314-A

प्रतिलिपि

जबलपुर, दिनांक 7/03/2022

1. कुलपति/कुलसचिव कार्यालय, म0प्र0आयुर्विज्ञान विश्वविद्यालय, जबलपुर।
2. समस्त अधिष्ठाता/प्राचार्य संबद्ध संबंधित महाविद्यालय।

  
सहायक कुलसचिव  
म.प्र. आयुर्विज्ञान विश्वविद्यालय जबलपुर


**MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)**
**FORM FOR BDS 3rd Year Examination May 2022**

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 **BDS 3rd Year Examination** be held in **May 2022** .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>																		

4.
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Left Hand Thumb Impression of the Candidate

5.
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Signature of the Candidate in running hand, within the box only

**6.**  
Paste (***do not staple***) recent Photograph (Size 35mm × 45mm) duly ATTESTED by the Dean/Principal/Head of the Institution.

7. Date of Birth   8. Gender

Date	Month	Year

Male		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. :**

**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						
2						
3						

**Details of 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 fulfill criteria of attendance by the University/ INC/CCIM/CCH/DCI/NMC/RCI, 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 fulfill all the criteria for the admission in the course as defined by the INC/CCIM/CCH/DCI/NMC/RCI / 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**

Fulfills attendance criteria	YES	NO			
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original ( if not submitted with enrolment form)	YES	NO
MD HOMEOPATHIC I 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 **BDS 3rd Year Examination May 2022** 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 INC/CCIM/CCH/DCI/NMC/RCI 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**

Dear Student,

You have downloaded the Examination application form for appearing in the **BDS 3rd Year Examination May 2022** Carefully follow the steps given below to apply.

1. Your application form has 2 pages. Have a print out of all the pages on a separate sheet of A4 size paper.
2. Collect the following information from your college office:
  - (a) Your theory and practical class attendance in the subjects for examination,
3. Have the following documents ready with you for attaching to the application form:
  - (a) A self attested photocopy of your MD HOMEOPATHIC I. examination mark sheet,
  - (b) Your recent 35 mm (W) X 45 mm (L) *colored* photograph in a light colored dress.
4. 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.
5. How to fill the Examination form: (**use black ball point pen only. Use capital letters to enter characters**).

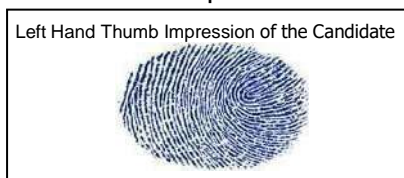
**On page one in the boxes provided-**

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

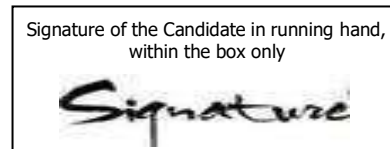
FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

- (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

**6. 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:

**7. 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 2nd year Exam:

(16) Put Place, Date and your signatures.

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


**MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)**
**FORM FOR BDS 2nd Year Examination May 2022**

<b>ENROLLMENT NUMBER</b>																								
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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>

<b>4.</b>

<b>5.</b>

**6.**  
Paste (**do not staple**) recent Photograph (Size 35mm x 45mm) duly ATTESTED by the Dean/Principal/Head of the Institution.

**Left Hand Thumb Impression of the Candidate**

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

7. Date of Birth    8. Gender

Date	Month	Year

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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**9. MOTHER'S NAME in Capital Letters:** (Leave a gap between First Name, and Middle Name. Don't write Surname)

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

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

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

**11. Contact No. :**

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

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Qualifying Entrance Exam Name-.....

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

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Place:

Date:

**Signature of Candidate in running hand**

16.

**FOR THE USE OF INSTITUTION OFFICE**

Fulfills attendance criteria	YES	NO			
Attachments					
Fee Receipt No.	YES	NO	Migration certificate Original ( if not submitted with enrolment form)	YES	NO
MD HOMEOPATIC I year Mark sheet Copy	YES	NO			
Signature of verifying officer					

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I certify:

1. That Shri/Smt/Kum. .... is a bonafide student of this college, admitted to **BDS 2nd Year Examination May 2022** 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 INC/CCIM/CCH/DCI/NMC/RCI 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**

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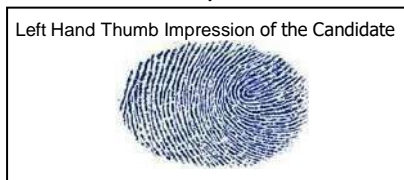
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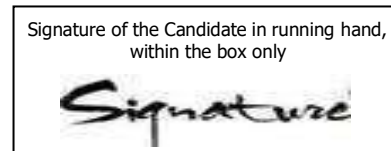
FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

- (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.

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**6. 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:

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