

Instructions to be followed by the candidates selected for BDS course under All India Quota/State Quota for Government Dental College, Patiala are given in the following pages. The candidates are advised to download these proformas and get it printed as such on Legal Size paper and not to get it re-typed to avoid any typing mistake.

GOVT. DENTAL COLLEGE & HOSPITAL, PATIALA.

To

**Principal,
Govt. Dental College & Hospital,
Patiala.**

**Sub:- Admission to Ist Prof. BDS Course Session -----Submission of original Certificates Reg.
Sir,**

This is to inform you that I have been selected to Ist Year BDS Course Session -----
in your Institution under _____ category. I hereby submit my following original
certificates. You are requested to please allow me to deposit the fee.

Sr. No.	Nature of Certificates	Certificates checked by concerned officers
1	Date of Birth Certificate (Metric Certificate)	
2	+1DMC and +2 DMC	
3	+2 Pass Certificate (only for AIQ candidates)	
4	Provisional Selection letter or Releiving letter (only for AIQ candidates)	
5	PMET/AIPMT Admit Card	
6	PMET/AIPMT Result Card	
7	Migration Certificate (If required)	
8	+2 Gap Affidavit/Self declaration	
9	Certificate +1 &+2 last attended institution	
10	Category certificate	
11	4 photo (stamp size)	
12	Affidavit/declaration from Parents/Guardian	
13.	Residence Certificate	
14.	Character Certificate	
15	Physical Fitness Certificate	
16	Photocopy of admission slip & fee slip (only for State quota candidates)	

Thanking you,

Yours Sincerely,

(Signature of the candidate)
Address with phone no.

Original certificates as above checked and found correct and is recommended for admission:

	Jr. Asstt.	Superintendent
Dr. ----- Professor	Dr. ----- Assoc. Professor	Principal, Govt.DentalCollege&Hospital Patiala.

Compulsory for all candidates

SWORN DECLARATION FROM THE PARENT/GUARDIAN

I.....father/mother/guardian of
Miss/Mr.....resident of

.....
..... (full address to be given) do, hereby, undertake that:

1. That I am a citizen of India.
2. That my child/ward has not obtained the benefit of Residence in any other state for admission to any of the medical/dental courses.
3. That my son/daughter/ward has not passed the qualifying examination from more than one Board/University.
4. That my son/daughter/ward had not been taken admission in BDS course in previous session.
5. I further declare that if any of the information given by me or my son/daughter/ward at any stage even after the admission, the admission is liable to be cancelled.

Dated: SIGNATURE

Self Undertaking of Gap in Study

I _____ S/o, D/o Shri _____ resident of
_____ (full address to be given) do hereby solemnly state and affirm as under:-

1. That I have passed 10+2 examination held in _____ from
_____ (name of the college/school)

2. That I have not joined any college/institution after passing 10+2

OR

That I have joined the course of _____ at _____ (name
of the institution) from _____ and will leave the same before
joining the MBBS/BDS which ever applicable.

Dated : _____ Candidate Signature