



BUDDHA INSTITUTE OF DENTAL SCIENCES & HOSPITAL

(Recognised by Dental Council of India, G.O.I. & Affiliated to Magadh University, Bodh Gaya)

Post Graduate Institute & Research Centre

West of T.V. Tower, Gandhi Nagar Kankarbagh Patna - 800 020

**Form of application for admission to the following
Post Graduate Courses in the Faculty of
DENTAL SURGERY (M.D.S.)
(Session 2017 - 2018)**

**Recent
Passport
Size
Photograph**

N.B.: Candidates must apply for each course in a separate application form. Each application form must be accompanied by the Prescribed Registration Fee Rs. 1000/- in the form of Bank Draft issued in favour of **"Buddha Institute of Dental Sciences & Hospital, Payable at Patna"**. Where a candidate is applying for more than one subject he / she must attach a letter indicating the order of preference in each application form. Incomplete applications will be rejected.

DEGREE {M.D.S.}

1. Prosthodontics and Crown & Bridge
2. Periodontology
3. Oral & Maxillofacial Surgery
4. Conservative Dentistry and Endodontics
5. Orthodontics & Dentofacial Orthopedics
6. Oral Pathology & Microbiology
7. Public Health Dentistry
8. Padeodontics & Preventive Dentistry
9. Oral Medicine & Radiology

To,

**The Principal
Buddha Institute of Dental Sciences & Hospital
Mahatma Gandhi Nagar, Kankarbagh
Patna - 800 020**

Sir,

I hereby apply for the Post Graduate DEGREE Course (MDS) in the subject of _____
_____ of the Magadh University and
request enrolment as a Post-Graduate student at the Buddha Institute of Dental Sciences & Hospital,
Mahatma Gandhi Nagar, Kankarbagh, Patna.

My name has not been registered for any other course, Graduate or Post Graduate in any University.

Yours faithfully,

Signature

Date: _____

Name in Full: _____

Place: _____

Particulars of the student

1. Name of the Applicant (in full and in block letters) (As entered in previous records)	
2. (a) Correspondence Address	
(b) Permanent Address	
3. Date of birth and Place of birth	
4. Mobile No.:	
Telephone No. if any:	
E-mail:	
5. Nationality	
6. State	
7. Mother Tongue	
8. Marital Status	Married /Un-Married
9. (a) Date of joining the 1st B.D.S. Course	
(b) Name of the Dental College	
(c) Whether recognized by Dental Council of India? If so, produce certificate.	
10. (a) Date of passing the Final BDS Examination with Exam Reg. No.	
(b) Name of the Dental College	
(c) Name of the University	
11. Duration of the Course in the University from which you graduated.	

12. (a) Details of academic career

Details of B.D.S. Examinations Passed	Full Marks	Pass Marks	Marks Obtained	Month & Year Of Passing With Exam Reg. No.
1st BDS examination subjects:				
➤				
➤				
➤				
➤				
➤				
Total				
2nd BDS examination subjects:				
➤				
➤				
➤				
➤				
➤				
➤				
Total				
3rd BDS examination subjects:				
➤				
➤				
➤				
➤				
➤				
Total				
4th BDS examination subjects:				
➤				
➤				
➤				
➤				
➤				
➤				
➤				
➤				
Total				

12. (b)

➤ Prizes/Medals at University and College Level (give particulars and enclose copies of certificates)	
➤ Ranks/Distinction/1 st classes at the University Examination	
➤ Publications, if any enclose reprints	
13. Number & Date of Registration with the State Dental Council (copy to be enclosed)	No _____ Date _____
14. Name And Address Of Two References	
1.	2.
15. EXPERIENCES: Details of Internship/Houseman ship Done	
Duration	
From	To
Dept. and institution in which it is done	
16. (a) Any other Experience if any	
▪ Copies of Certificates must be attached in support of the statement made.	
17. Extra-Curricular activities N.C.C., Sports, Special Services. Dramatics etc., (enclose copies of certificate)	
18. Details of NEET MDS Examination Roll No. _____ Marks Obtained _____	
19. Details of Registration Fees Paid. D.D. No. _____ Dated _____ of Rs. _____ drawn on Bank _____	

RAGGING REGULATIONS

UNDERTAKING BY THE CANDIDATE / STUDENT

1. I, S/o. D/o of Mr./Mrs./Ms. carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/ State Government in this regard.
2. I have received a copy of the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009, and have carefully gone through it.
3. I hereby undertake that
 - I will not indulge in any behaviour or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provision of the DCI Regulations mentioned above and / or as per the law in force.
5. I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this **day of** **month of** **year**

Name:

Address:

Signature:

UNDERTAKING BY THE PARENT / GUARDIAN

1. I, F/o. M/o G/o carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the DCI Regulations on Curbing the Menace of Ragging in Dental Colleges, 2009.
2. I assure that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the DCI Regulations mentioned above and/or as per the law in force.

Signed this **day of** **month of** **year**

Name:

Address:

Signature:

Forwarding Note to be signed by the Employer under whom the Applicant is employed

1. I certify that the application is being made with my consent and that the applicant will be relieved, if selected for the course within the prescribed limit of time.
2. I also certify that I shall inform the Principal, Buddha Institute of Dental Sciences and Hospital, Kankarbagh, Patna about the financial terms e.g. salary, study leave salary, deputation allowance, that shall be paid to the applicant for the period of this training.

Patna,

Date: _____

(Signature of the Employer with Office
Seal and Address of the Employer)

For Office Use

Admitted to _____

Fee Paid vide Receipt No. _____ dated _____ for Rs. _____

**INSTRUCTIONS TO CANDIDATES SEEKING ADMISSION TO
POST-GRADUATE COURSES**

1. Each application form must be accompanied by Prescribed Registration Fee in the form of Demand Draft in favour of the “Buddha Institute of Dental Sciences and Hospital, Patna”. Registration Fee is not refundable.
2. Applications which are incomplete and contain incorrect information and not accompanied by the required Certificates and Demand Draft towards Registration Fee will be rejected. The applications received after the due date will also be rejected.
3. True copies of required all certificates and documents attested by a Gazetted Officer should be enclosed. Original Certificates should be produced at the time of Interview/Admission.
4. Applications should be sent by Registered Post or handed over in person, in the office of the Principal, Buddha Institute of Dental Sciences and Hospital, Mahatma Gandhi Nagar, Kankarbagh, Patna.
5. Applications from the candidates in employment should be submitted through Heads of the Institutions, along with No Objection Certificates from the employer.
6. Candidates if called for Interview by the authorities, should appear at the specified place, date and time at their own cost.
7. All admissions to the Post-Graduate Courses will be provisional.

Eligibility Criteria for P.G. Degree Course

A candidate for admission to the MDS Course (Master of Dental Surgery) must have a recognized degree of BDS (Bachelor of Dental Surgery) awarded by an Indian University in respect of recognized Dental College under Section 10(2) of the Dentists Act, 1948 or an equivalent qualification recognized by the Dental Council of India and should have obtained permanent registration with the State Dental Council.

Post-Graduate Degree Courses (M.D.S.)

The candidate should not have failed more than TWICE in the subject in which the candidate desires to prosecute post-graduate degree studies.

List of Enclosures

NEET M.D.S. Result

10th Mark sheet

10th Passing Certificate

12th Mark Sheet

12th Passing Certificate

1st to Final Year B.D.S. Mark sheet

Internship Certificate

Attempt Certificate

College Leaving Certificate

Character Certificate

Migration Certificate

State Dental Council Registration Certificate

Six pieces of Passport Size Photo

WEB COPY