INSTRUCTIONS TO THE STUDENTS REGARDING ONLINE POST GRADUATE (MDS) ADMISSION 2026-27 (PRESENTLY TO BE FOLLOWED FOR ALL INDIA / STATE QUOTA)

All the students allotted MDS seat at Govt. Dental College & Hospital, Nagpur should follow the instructions given below.

1. Students and accompanying parents **must follow the rules and regulations of the institution**.
2. The list of required documents is given in Annexure I
3. Students should arrange one set of Xerox copy of the documents in punching file as per the sequence given in Annexure I.
4. Students should arrange all the Original Documents along with two sets of Photocopy/ Xerox in good quality file.
5. In Case candidate's wants to **RETAIN ADMISSION please attached hand written Undersigned consent.**
6. Student must download the fees structure from College website www.gdcnagpur.edu.in
7. Submit Scan copy of All documents in Jpeg & PDF Format under 200kb.
   A. All documents must be in separate jpeg and pdf format under 200kb
8. On cancellation of admission students have to pay Rs.1500/- as cancellation fees (cash) rest of the fees will be returned (DD).
9. Any changes/ amendments in the admission procedures adopted will be notified on the official website www.gdcnagpur.edu.in

Dean,
Govt. Dental College & Hospital
Nagpur.

Annexure I

List of Original Certificate and Two Attested Xerox Copies Arrange in Following Order into a Punching File

1) Nationality Certificate
2) Selection Letter / Allotment Letter
3) Admit Card, Rank Latter
4) NEET Entrance Exam Mark sheet
5) BDS Passing Certificate & BDS Degree Certificate
6) Internship Completion Certificate
7) DCI Registration Certificate
8) Caste Certificate (if Applicable)
9) Caste Validity Certificate (if Applicable)
10) Non Creamy Layer Certificate (if Applicable)
11) College Leaving Certificate (LC/TC)
12) Attempt Certificate
13) Migration Certificate (if Applicable)
14) Self Educational Gap Affidavit (if Applicable)
15) Medical Fitness Certificate on Doctor's Letter Head
16) First to Final BDS Mark sheet
17) Relieving Letter (After I Round)
18) SSC/10^{th} Passing Certificate for date of Birth
19) Aadhar Card Xerox
20) Disability Certificate (if Applicable)
21) Undertaking (hand written & Self Attested)

NOTE :

1. **Student should keep a set of Xerox copies and scan copy (pdf) of all above mentioned certificates.**
2. **No original or Xerox copy of documents will be issued after admission process completes.**
3. **Student Should upload scan copy of all Original certificate in J.P.E.G. image & PDF (below 200kb)**

OFFICE OF THE DEAN
GOVERNMENT DENTAL COLLEGE & HOSPITAL, NAGPUR.
Admission Form
POST GRADUATE (MDS) ADMISSION – YEAR 2026-27

(FILL ALL INFORMATION IN CAPITAL LETTERS)

ATTACH STUDENT LATEST PHOTO

1. NAME OF STUDENT :- ……
   (As per Last Exam Mark sheet/Degree)

   NAME OF STUDENT IN MARATHI :-……..

   Mother Name ……

2. ADMIISSION TO MDS IN :- ……
3. NATIONALITY :- …….....
4. SEX :- MALE / FEMALE Blood Group :-…….....
5. CATEGORY :- …….
6. CASTE :- ……
7. RELIGION :- ……
8. QUOTA :- STATE / ALL INDIA / GOI
9. DATE OF BIRTH :- ……
10. ALL INDIA RANK :- ……
11. LAST EXAM PASSED :- ……
12. NAME OF COLLEGE FROM:- …….
    WHICH BDS PASSED …….
    …….
13. NAME OF UNIVERSITY LAST ATTENDED :- …….
    …….
14. MONTH / YEAR OF FINAL BDS PASSING :- …….
15. INTERNSHIP TRAINING PERIOD :- …… to ……

16. CENTRAL/STATE REGN. No:- ……Valid Upto…….

17. NEET MARKS :- ……. MARK OUT OF :- ……..
PERCENTILE :- ……....% MONTH / YEAR :-……

18. PERMANENT ADDRESS :- ……
OF STUDENT ……...
……Pin…...……...

19. STUDENT MOBILE NO :- 1.……2.……

20. PERMANENT ADDRESS :- ……
OF PARENTS ……
……

21. PARENTS MOBILE NO. & PHONE NO. :- 1. ……2……

22. STUDENT EMAIL ID :- ……

23. STUDENT AADHAR NO. :- ……

24. STUDENT PAN CARD NO. :- ……

25. STUDENT VOTER ID NO. :- ……

26. ABC ID :- ……...

DATE:- / /2026 SIGNATURE OF STUDENT

Signature of Scrutiny Officer

Signature
Officer In-Charge

Receipt of original Certificates

OFFICE OF THE DEAN
GOVT.DENTAL COLLEGE & HOSPITAL, NAGPUR

NEET -2026-27 Date : / /2026

Name of Student : ……

S.M.L. No.……...Category ……..……Date of Birth ……

Subject : MDS IN ……AIR……..

Receipt of original Certificates

Sr. No.	Certificate	Yes ( ) / NO ()
1	Nationality Certificate/ Birth Certificate	
2	Selection Letter / Allotment Letter	
3	Admit Card, Rank Latter	
4	NEET Entrance Exam Mark sheet	
5	BDS Passing Certificate & BDS Degree Certificate	
6	Internship Completion Certificate	
7	DCI Registration Certificate	
8	Caste Certificate (if Applicable)	
9	Caste Validity Certificate (if Applicable)	
10	Non Creamy Layer Certificate (if Applicable)	
11	College Living Certificate (LC/TC)	
12	Attempt Certificate	
13	Migration Certificate (if Applicable)	
14	Self-Educational Gap Affidavit (if Applicable)	
15	Medical Fitness Certificate on Doctor's Letter Head	
16	First to Final BDS Mark sheets	
17	Relieving Letter (For II & III Round)	
18	SSC/10^{th} Passing Certificate for date of Birth	
19	Aadhar Card Xerox	
20	Disability Certificate (if Applicable)	
21	Undertaking (hand written & Self Attested)	

Sign of student **Scrutiny officer** **Nodal officer** **Dean**

on Rs. 500/- Stamp Paper

Undertaking / Affidavit

Name of Student : ……

Permanent Address : ……

Course : M.D.S. in ……

Admission Year : 2026-27

I the undersigned postgraduate MDS student of Government Dental College & Hospital, Nagpur hereby submitting an undertaking that I will serve the Government of Maharashtra / Corporation / Defense service for a period of **ONE YEARS**, after completion of Post Graduate Course failing which I will pay **Rs. 50,00,000/- (Rs. Fifty Lac Only)** for the default as per rule.

Additional I will complete 3 year residency tenure at this college, if I fail to complete my residency tenure I will pay **Rs. 10,00,000/- (Rs. Ten Lakh Only)** for the default (i.e. non completion of junior residency tenure) and I will pay **Rs. 10,00,000/- (Rs. Ten Lakh only)** towards the lapse of Postgraduate MDS seat. As per rules mentioned in the NEET PG-2026 information brochure.

Date :

Place :Nagpur

(Name and Signature of Student)

(Hand Written & Self Attested Undertaking)

Undertaking

Name of Student : ……

Permanent Address : ……

……

……

Course : M.D.S in …….

Admission Year : 2026-27

I hereby declare that all the information given/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.

Date : / /2026

Place : Nagpur

(Name and Signature of Student)