

# AB Shetty Memorial Institute of Dental Sciences

Deralakatte, Mangaluru-575018

## MDS ADMISSION 2019-20 DOCUMENTS VERIFICATION SLIP

Name of the candidate (As per Degree Certificate)	
Father's Name	
Mother's Name	
Contact Numbers: Email ID:	
NEET MDS Registration No.	
NEET MDS Roll No.	
NEET MDS Rank (All India Rank)	
Category of Admission	
Sub category	
Date of reporting to college	

DOCUMENTS FOR OFFICE USE	SUBMITTED	
	YES	NO
Admit card issued by NBE		
Result / Rank Letter issued by NBE		
NEET MDS 2019 Allotment letter		
NEET MDS Score card		
SSLC or equivalent Marks card or birth certificate		
10+2 certificate		
BDS Degree Marks cards of all years		
Internship Completion Certificate		
Provisional /BDS Degree Certificate		
Dental Council Registration Certificate		
DCI Recognition of BDS Degree		
Transfer Certificate		

Conduct Certificate		
Migration Certificate		
PH Certificate issued by the authorized Medical Boards (If applicable)		
Physical fitness & blood group Certificate		
Photographs: 5 passport size & 5 stamp size colour		
PAN card copy of the parent & student		
Aadhar Card copy of the Student		
Certificates to be produced by the NRI candidates <ul style="list-style-type: none"> <li>- Affidavit of the person who is NRI and the sponsor.</li> <li>- Documents claiming that the sponsor is an NRI (Passport, Visa of the sponsor)</li> <li>- Relationship of NRI with the candidate as per the orders of the Hon'ble Supreme Court of India.</li> <li>- Affidavit for the sponsor that he / she will sponsor the entire course fee of the candidate.</li> <li>- Embassy Certificate of the Sponsor</li> </ul>		
Bond as per University instruction		
Eligibility fees Paid Rs...../ Receipt No. ....../dated:.....		
Payment Details (D.D. No..... dtd.....for Rs. .... favouring Nitte Deemed to be University payable at Mangaluru, drawn on ..... Bank OR UTR number in case of RTGS.....		

**Note:** 3 sets of Photocopies of all Certificates self attested by the candidate to be submitted.

**Date:**

**Verified by**

**Signature of candidate**

**Signature & Name of  
College official**

**ACCOUNT DETAILS FOR PAYMENT OF TUITION FEES**

A/C NAME	NITTE DEEMED TO BE UNIVERSITY
A/C. NO	02452200031420
BRANCH CODE	0245
MICR Code	575025031
Bank Address	Syndicate Bank, ABSMIDS Campus Branch Deralakatte, Mangalore-575018
IFSC / RTGS	SYNB0000245
SWIFT Code	SYNBINBB008

**NOTE:**

Kindly mail us the Bank UTR No. if the payment is done through NEFT/RTGS.

## UNDERTAKING FOR MDS

I, Dr. .... (Name of the Candidate), aged about ..... years, S/D/o .....(Name of the Parents) resident of ..... (permanent/present address of Parent) do hereby swear on oath as follows :

I, have been selected to the 1<sup>st</sup> MDS in.....course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru, a constituent college of Nitte (Deemed to be University) through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET MDS 2019 All India Rank No. .... during the academic year 2019-20.

I, say that on my own will and along with my parents/guardian took admission to the MDS course at A.B Shetty Memorial Institute of Dental Sciences, Mangaluru as per the DGHS Admission Order No. .... dated .....

I, say in consideration of admission to 1<sup>st</sup> year MDS in ..... course, I shall complete the 3 year course and accordingly undertake to pay all the tuition and other fees as prescribed by A.B Shetty Memorial Institute of Dental Sciences / Nitte (Deemed to be University).

In the event of my discontinuation of PG course due to any reason, I along with my parent/guardian hereby undertake to pay the balance tuition fees to A.B Shetty Memorial Institute of Dental Sciences/ Nitte (Deemed to be University) **payable for the entire course** without any demur. I/we submit post-dated cheques towards the fee for the next 2 years.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

This, the ..... day of ..... 2019 at Mangaluru, Karnataka.

**Signature of the Candidate**

**Name:**

**All India Rank:**

**Signature of the Parent/Guardian**

**Name:**

**NOTE: To submit the notarized bond on a stamp paper of Rs. 200/-**