



Occupation : \_\_\_\_\_ Designation \_\_\_\_\_

Working Place : \_\_\_\_\_ Annual Income \_\_\_\_\_

Address with Pin code No. : \_\_\_\_\_

Phone/Mobile No. : \_\_\_\_\_

15. Nationality : \_\_\_\_\_

If N.R.I/Foreign National (Please  
Mention state of origin, Nationality) : \_\_\_\_\_

Address & Passport No. : \_\_\_\_\_

16. Father's /Mother's Domicile : \_\_\_\_\_

17. Parents Details

a) Name : \_\_\_\_\_

b) Postal Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ E-mail address : \_\_\_\_\_

c) Permanent Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

E-mail address : \_\_\_\_\_

d) Occupation Address, : \_\_\_\_\_

Phone No. : \_\_\_\_\_

18. Extra Curricular Activities (Student)

a) Sports : \_\_\_\_\_

b) Dramatics : \_\_\_\_\_

c) Music : \_\_\_\_\_

d) Debate : \_\_\_\_\_

19. If any serious medical problems  
please mention. : \_\_\_\_\_

All the information given above is true to the best of my knowledge and belief. I further understand that in case any of the above information is found incorrect or false, my admission will automatically stand cancelled.

Signature of Parent/Guardian

Signature of Student

Encl: Original Documents along With Xerox Copies And Soft Copy In Pen Drive Must Be Submitted

ADMITTED/NOT ADMITTED

Reported on / /2020

Date of Admission / /2020

DEAN  
VSPM'S DCRC, NAGPUR

To,

The Dean.  
VSPM'S Dental College & Research Center,  
Nagpur.

PHOTO

Respected Madam/Sir,

Submitting herewith the following certificates for the confirmation of the admission to First M.D.S. for the academic session 2020-21.

Name of Student: \_\_\_\_\_ All India rank \_\_\_\_\_ State SML NO: \_\_\_\_\_  
NEET Score \_\_\_\_\_ Roll No: \_\_\_\_\_ Category \_\_\_\_\_ Quota: \_\_\_\_\_ Subject: \_\_\_\_\_

S.NO.	NAME OF DOCUMENTS	YES / NO
1	Nationality Certificate/ Xerox copy of Valid Passport duly attested by Dean/Principal	
2	Domicile Certificate of Maharashtra State	
3	Entrance Test mark sheet NEET MDS - 2020	
4	First to Final Year BDS mark sheets of qualifying examination	
5	BDS Passing and Degree certificate of qualifying examination	
6	Internship Completion Certificate. (If applicable)	
7	Permanent Valid registration Certificate from Council obtained on or before .....	
8	Caste Certificate (If applicable)	
9	Caste Validity Certificate (If applicable)	
10	Non-Creamy Layer Certificate issued on or after ... .. for DT/VJ, NT-1, NT-2, NT3, OBC & SBC, SEBC & EWS	
11	College leaving Certificate (LC/TC) or continuation letter as applicable. (Format given)	
12	Migration certificate issued by the respective University (If applicable)	
13	Self Educational Gap (If GAP is more than 6 months after completion of internship/qualifying Degree) Affidavit by student. (If applicable)	
14	Medical Fitness Certificate/ Physically Handicapped Certificate	
15	Attempt Certificate of qualifying examination	
16	College Undertaking	
17	Ragging Affidavit by Parent & Student	
18	Preference Form Xerox copy.	
19	Admit Card-NEET -2020	
20	Proof of age (S.S.C. Passing certificate)	
21	12 <sup>th</sup> Board Certificate & Mark Sheet	
22	Proof of permanent address :- Electric Bill	
23	Aadhar Card (Xerox)	
24	Voter ID	
25	Document Verification Receipt (Xerox )	
26	Online Download Application Form NEET 2020	
27	Certificate from Head of the Institute showing that the Dental College/Institute from which the candidate has passed final BDS examination is recognized by Dental Council of India	
28	Any other document	

Kindly find in order and do the needful.

Eligible: Yes / No.

Not Eligible Reason \_\_\_\_\_

Signature of Scrutiny Committee Member  
Name \_\_\_\_\_

Signature Candidate's

Name \_\_\_\_\_

Mo. No. \_\_\_\_\_

Dean

DATE / /2020

To,

The Dean

VSPM'S Dental College & Research Centre,  
NAGPUR.

- Subject: 1) Regarding permission for late submission of documents.
- 2) Regarding Payment of Hostel Fee.

Respected Sir/Madam,

I have been admitted to this college for M.D.S. (.....) for the academic session 2020-21 At present the following documents are not available as it is required by the admission committee.

- 1) I assure you that the following documents will be submitted by me on or before ...../.....2020, failing which I shall be binding for the decision taken by the college management. I humbly request you to permit me for the same and oblige.

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....
- 6) .....
- 7) .....

- 2) I say that I am fully aware that the Hostel Fee as prescribed by the college authorities and will be paid after joining the college.

Thanking you,

Yours sincerely

Name : \_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_

**UNDERTAKING**

I, \_\_\_\_\_ Son / Daughter / Wife of Shri  
\_\_\_\_\_ Indian Inhabitant, residing at  
\_\_\_\_\_ do solemnly affirm and state as under.

1. I say that I have appeared for the NEET MDS – 2020 examination conducted by NEET to secure admission in the academic year 2020-21 in Dental MDS course.
2. I say that solely on the basis of merit I have been admitted to the VSPM's Dental College and Research Centre, Digdoh Hills Hingha Road Nagpur- 440019 in M.D.S. Cours in 50% state Quota /35% Institution Quota/15% NRI Quota in the academic year 2020-21.
3. I say that at the time of securing my admission I have paid a sum of Rs. \_\_\_\_\_ /- as fees for M.D.S. Course.
4. I say that I am fully aware that the aforesaid fees paid by me are interim fees and are subject to revision at any time. In the event of the fees being increased by the appropriate authority / court, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified. I hereby also undertake that I will not challenge the increase in the amount of the fees for any reason whatsoever. If for any reason, I leave the course midway, I will pay the fees applicable for whole course.
5. I say that I am aware that the repeater (failure) fees will be charged as per the rules and guidelines of the concerned authority
6. I say that I am fully aware that staying in hostel is compulsory and therefore I have to pay the hostel fees.
7. I say that, I will contribute Rs. 15000/- towards Alumni fund and I am aware that the same will be deducted from the deposited caution money.
8. I understand that my services come under essential services maintenance Act and hence, I say that I will not go on strike/mass leaves for any reason & in case, if I do that, I shall be liable for disciplinary action as per the rules.
9. I say that I will abide by code of conduct and all disciplinary rules and regulations of Institution/University/Dental council of India. I understand that in case of any breach of code of conduct / rules of institution, I will be liable for an appropriate disciplinary action.

Solemnly affirmed at Nagpur

This \_\_\_\_\_ day of \_\_\_\_\_  
Identified by me: \_\_\_\_\_

Signature & Name of Candidate &Address.....

.....  
.....



**VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (07104) 665000 Fax: (07104) 232904,  
Email: [vspmdcrcnagpur@gmail.com](mailto:vspmdcrcnagpur@gmail.com)

**CONTACT NUMBER REGARDING M.D.S. ADMISSION 2020-21**

- |                     |         |            |
|---------------------|---------|------------|
| 1) Dr. Sushil Naik  | Mo. No. | 8806091768 |
| 2) Mr. Raju Milmile | Mo. No. | 9371075253 |

