

**M. D. S. ADMISSION 2023-24**

**Arrange a set of original certificate and Two set of Xerox copies separately in the order given below for Verification.**

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	NEET - MDS mark sheet – (Current Year)	
4	First to Final Year BDS mark sheets of qualifying examination	
5	BDS Passing and Degree certificate of qualifying examination	
6	Internship Completion Certificate.	
7	Permanent Valid registration Certificate from Council obtained on or before .....	
8	Selection Letter NEET - MDS (Current Year)	
9	Caste Certificate (If applicable)	
10	Caste Validity Certificate (If applicable)	
11	Non-Creamy Layer Certificate issued on or after ... .. for DT/VJ, NT-1, NT-2, NT3, OBC & SBC, SEBC & EWS	
12	College leaving Certificate (LC/TC) or continuation letter as applicable. (Format given)	
13	Migration certificate issued by the respective University (If applicable)	
14	Self Educational Gap (If GAP is more than 6 months after completion of internship/qualifying Degree) Affidavit by student. (If applicable)	
15	Medical Fitness Certificate/ Physically Handicapped Certificate	
16	Attempt Certificate of qualifying examination	
17	College Undertaking	
18	Ragging Affidavit by Parent & Student	
19	Preference Form Xerox copy.	
20	Admit Card-NEET MDS (Current Year)	
21	Proof of age (S.S.C. Passing certificate)	
22	12 <sup>th</sup> Board Certificate & Mark Sheet	
23	Proof of permanent address :- Electric Bill	
24	Aadhar Card (Xerox)	
25	Voter ID	
26	Pan Card Of Candidate	
27	Online Downloaded Application Form, State CET Cell NEET – MDS (Current Year)	
28	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	
29	Copy of Receipt of Online Fee Payment	
30	Any other document	

Kindly find in order and do the needful.

Date : .....

Signature Candidate's

Name \_\_\_\_\_

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