



A B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES

Deralakatte, Mangaluru - 575018

MDS 2024-25

GUIDELINES FOR MDS ALLOTTEES

- Please follow the Reporting Schedule notified by DGHS / MCC.
- **Reporting Venue:** Administrative Office, Ground Floor, A B Shetty Memorial Institute of Dental Sciences (Google Map link: <https://goo.gl/maps/Jp4YD1s9ZJCBnn9X7>)
- **Reporting time:** 9 AM to 5 PM on all days as specified by DGHS / MCC.
- Download, Fill and Submit the Document Verification Slip **(Page 1)**
- Submit all documents as mentioned under 'Documents to be submitted' **(Pages 2 & 3)**
- Payment of fee in full (RTGS / DD). Bank details are furnished. **(Page 4)**

For queries, contact:

Phone: 0824-2204963 | +91 9880076916

Email: absmids@nitte.edu.in

Kindly note that the reporting procedure will be as per the DGHS / MCC guidelines.



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MDS 2024-25

DOCUMENT VERIFICATION SLIP

(To be filled by the candidate)

Name of the Candidate (As per Class 10 Marks Card)	
Father's Name	
Mother's Name	
Contact Number of Candidate	
Contact Number of Parent	
Email ID of Candidate	
Email ID of Father	
Email ID of Mother	
NEET MDS 2024 Roll No.	
NEET MDS 2024 Score	
NEET MDS 2024 All India Rank	
Category of Admission	
Date of reporting to college	

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MDS 2024-25

DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE

NAME OF THE CANDIDATE (AS PER CLASS 10 MARKS CARD)	SUBMITTED	
	YES	NO
ORIGINAL + 3 SETS OF PHOTOCOPIES OF ALL CERTIFICATES TO BE SUBMITTED		
Filled application for MDS (Pages 5-8)		
Filled application for issue of Eligibility Certificate (Page 9)		
Filled Student Immunization and Medical Declaration / Physical Fitness form (Page 10)		
NEET MDS 2024 Allotment letter		
NEET MDS 2024 Admit card issued by NBE		
NEET MDS 2024 Result/Rank Letter issued by NBE		
Class 10 marks card		
BDS Degree marks cards of all years		
Internship Completion Certificate		
BDS Degree Certificate / Provisional Degree Certificate		
Dental Council Registration Certificate		
DCI Recognition of BDS Degree		
Transfer Certificate		
Conduct Certificate		
Migration Certificate		
Caste Certificate issued by Competent Authority (if applicable)		
PH Certificate issued by the authorized Medical Boards (if applicable)		
Photographs: Recent colour photograph with white background, of resolution 300-600 dpi & size 35 mm x 45 mm (PP size 5 Nos.) & size 20 mm x 25 mm (Stamp size 5 Nos.)		
PAN Card copies of the Parent & Candidate		
Aadhaar Card copy of the Candidate		

Anti-Ragging Undertaking Reference No. (For office use only)		
Certificates to be produced by the NRI Candidates: <ul style="list-style-type: none"> • Documents claiming that the Sponsor is an NRI (Passport& Visa of the Sponsor) • Relationship of NRI with the candidate as per the orders of the Hon'ble Supreme Court of India • Notarized Affidavit from the Sponsor that he/she will sponsor the entire program fee of the candidate and relationship with the candidate • Embassy Certificate of the Sponsor (Certificate from Consulate) • Family Tree notarized by Tehsildar 		
NOTARIZED UNDERTAKING as per format, along with 2 post-dated cheques (Page 11)		
FIRST YEAR FEE PAYMENT DETAILS		
DD No: _____ dated _____ Rs. _____ drawn on _____ Bank <p style="text-align: center;">(OR)</p> RTGS Transaction No: _____ dated _____		

Date: _____

Name of Candidate: _____

Signature: _____

VERIFIED BY

Name of College Official: _____

Signature: _____

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BANK ACCOUNT DETAILS FOR PAYMENT OF TUITION FEE

The prescribed first-year fee (<https://nitte.edu.in/fee-structure.php>) can be paid by Demand Draft favouring 'Nitte Deemed to be University' payable at Mangaluru **OR** Transferred to the following bank account and Transaction Number (UTR) furnished thereafter.

ACCOUNT NAME	NITTE (DEEMED TO BE UNIVERSITY)
ACCOUNT NUMBER	02452200031420
TYPE OF ACCOUNT	SAVINGS
BRANCH CODE	10245
SWIFT CODE	CNRBINBBBFD
IFSC /RTGS	CNRB0010245
BANK ADDRESS	CANARA BANK, ABSMIDS BRANCH, DERALAKATTE

HOSTEL FEE STRUCTURE 2024-25

Hostel	Type of Accommodation		Caution Deposit (in Rs.)	Mess Charges per annum (in Rs.)	Room Rent per annum (in Rs.)
Boys	A/c Double	Attached Toilet	40000	45000	100000
	Double		20000	45000	45000
Girls	A/c Double	Attached Toilet	40000	45000	100000
	Double		20000	45000	45000
	Single Premium		20000	45000	114000
	Single		20000	45000	79000

BANK ACCOUNT DETAILS FOR PAYMENT OF HOSTEL FEE

ACCOUNT NAME	NITTE EDUCATION TRUST
ACCOUNT NUMBER	02452200031380
TYPE OF ACCOUNT	SAVINGS
BRANCH CODE	10245
SWIFT CODE	CNRBINBBBFD
IFSC/RTGS	CNRB0010245
BANK ADDRESS	CANARA BANK, ABSMIDS BRANCH, DERALAKATTE

- Availability of single room / AC double may be checked before remitting the hostel fees.
- For A/C rooms, electricity charges will be collected based on actual meter reading each month.
- Hostel rent will be subject to revision each academic year.
- Mess charge has been worked out on the average of last academic year. Any changes in mess bill due to variation of cost will be recovered from the students.

For hostel queries, contact:

Col. B S Ghivari (Retd), Asst. Director (Student Affairs) | 91685 93311 (9 AM - 7:00 PM) | sa.nu@nitte.edu.in

A B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES

Deralakatte, Mangaluru - 575018

Application for MDS 2024-25

Affix recent
35mm x 45mm size
photo with white
background

Speciality (✓)

- Orthodontics
 Prosthodontics
 Periodontics
 Endodontics
 Pedodontics
 Oral & Maxillofacial Surgery
 Oral Medicine
 Oral Pathology

NEET MDS 2024 Roll No: _____ NEET MDS 2024 Percentile: _____

NEET MDS 2024 Score: _____ NEET MDS 2024 AIR: _____

Category of Admission (✓): Paid / Management NRI

I. PERSONAL INFORMATION

Name: (As per Class 10 Certificate)

Gender(M/F/TG)	Date of birth (dd/mm/yy)	Mother Tongue
Nationality	Country of Permanent Residence	State of Domicile
Do you belong to SC/ST/OBC/Cat-1 (specify)	Any other caste (specify)	Religion
Father's name	Occupation	Annual income
Mother's name	Occupation	Annual income
Student Blood Group		

II. CONTACT DETAILS

Current address for correspondence:

Permanent address:

Pin code:

Pin code:

District:

District:

State:

State:

Country:

Country:

Telephone (with code):

Telephone (with code):

Father's Mobile No.:

Mother's Mobile No.:

Student's Mobile No.:

Local Guardian's Mobile No.:

Father's Email ID

Mother's Email ID

Student's Email ID: **(IN CAPS)**

Father's PAN:

Mother's PAN:

Student's PAN:

Student's Aadhaar:

Place of residence - Urban /Rural:

Hostel required - Yes /No:

III. ACADEMIC PERFORMANCE (BDS)

Name of the College & Location: _____	Overall Marks		%
Name of the University: _____	Maximum	Obtained	
Register No.: _____			

YEAR-WISE PERFORMANCE (BDS)

Year	Month & Year of Passing	Marks		Percentage
		Maximum	Obtained	
I				
II				
III				
IV				
Total				

Date of Completion of Internship	
DCI Registration Number & Date	

IV. DECLARATION BY THE STUDENT

I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the program, the decision of the College is final and binding. I am aware that the post-dated cheques submitted by me to the Institution during my admission will be presented to the bank by the Institution on the dates specified on my cheques and I, hereby undertake to maintain sufficient balance in my account during the said period, failing which I am aware that I am liable for legal action against me by the institution. I am also aware that the college will not refund the fee either in full or in part, under any circumstances after joining the program. If I intend to discontinue the program at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the program. I agree to abide by the rules and regulations of the College that may be framed from time to time. I am aware that any dispute arising out of the admission to the program will be subject to the jurisdiction of the courts of the city of Mangaluru or the Hon'ble High Court of Karnataka.

Place: _____

Date: _____

Signature of the Student

V. DECLARATION BY THE PARENT / GUARDIAN

(to be signed by the guardian only if both parents of the applicant are not alive)

I _____ hereby affirm that the information provided and enclosures submitted thereto in this application of my son / daughter / ward for admission to the MDS program is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that he/she is liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his / her admission to the program, the decision of the College is final and binding. I am aware that the post-dated cheques submitted to the Institution during admission, will be presented to the bank on the dates specified on the cheques and I hereby undertake to maintain sufficient balance in the said account during the said period, failing which I am aware that I am liable for legal action against me by the institution. I am also aware that the College will not refund the fee either in full or in part, under any circumstance after joining the program. If my son / daughter / ward intends to discontinue the program at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the program. I am aware that any dispute arising out of the admission to the program will be subject to the jurisdiction of the courts of the city of Mangaluru or the Hon'ble High Court of Karnataka.

Place: _____

Date: _____

**Signature of the Parent / Guardian
(If guardian, mention relationship)**

APPLICATION FOR ISSUE OF ELIGIBILITY CERTIFICATE FOR ADMISSION TO MDS PROGRAM 2024-25

1. Name of the Student : _____
2. Gender : _____
3. Name of the Parent : _____
4. Nationality : _____
5. Communication Address : _____

6. Date of Birth & Age : _____
7. Institute last attended : _____
8. University from which the
qualifying examination is passed
with Registration No. & year : _____

9. Marks secured in the above exam (attach a photocopy of Marks card(s):

Year/Phase	Marks		Percentage
	Maximum	Obtained	
I BDS			
II BDS			
III BDS			
IV BDS			

10. Eligibility Fee: Rs. _____ paid vide Receipt No.: _____ dated _____

11. Attach attested photocopies of:

- a) Class 10 marks card
- b) BDS Degree marks cards of all years
- c) Internship Completion Certificate
- d) Degree / Provisional Degree Certificate
- e) Dental Council Registration Certificate
- f) Passport (for NRIs only)
- g) Passport & Student Visa (for foreign nationals only)
- h) NEET MDS 2024 Score Card

I hereby declare that the information furnished above is true and correct to the best of my knowledge, information and belief.

Place: _____

Date: _____

Signature of the Student

MEDICAL FITNESS CERTIFICATE

(To be signed by a Registered Medical Practitioner holding a degree not below that of MBBS)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Dr. _____ age _____ years son/daughter of Mr./Ms. _____ whose signature is given below. Based on the examination, I certify that he/ she is in good mental & physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required for a professional.

HEPATITIS B (Vaccination Status)

1st Dose Date: _____ 2nd Dose Date: _____ 3rd Dose Date: _____

COVID-19 (Vaccination Status)

1st Dose Date: _____ 2nd Dose Date: _____ Booster Dose Date: _____

(Attach the Certificate)

Marks of Identification:

Blood Group:

Signature of the Candidate: _____

Place: _____

Date: _____

**Name & Signature of the Medical Officer
with Seal and Registration Number**

*Strike whichever is not applicable

Format of Notarized Undertaking to be submitted, on stamp paper of Rs. 200/-

UNDERTAKING FOR MDS

I, Dr. _____ (Name of the candidate), aged about _____ years, S/D/o
_____ (Name of the parent) resident of _____

_____ (permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the 1st year Master of Dental Surgery (MDS) in _____ program at A B Shetty Memorial Institute of Dental Sciences, Deralakatte, 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 2024 with the All India Rank No. _____ during the academic year 2024-25.

I, say that on my own will and along with my parents/guardian took admission to the MDS program at A B Shetty Memorial Institute of Dental Sciences, Deralakatte, Mangaluru as per the DGHS Admission Order dated _____ with the NEET MDS 2024 Roll No. _____

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

I, hereby submit the undertaking that I am liable to pay the college / tuition fees and dues for the remaining duration of my program. **In the event of my discontinuation of MDS program due to any reason, I along with my parent / guardian hereby undertake to pay the balance tuition fee to A B Shetty Memorial Institute of Dental Sciences / Nitte (Deemed to be University) payable for the entire program, without any demur.** I am aware of the fact that as per the Government Orders, Bank Guarantee should be submitted by me to the Institution for the payment of annual tuition fees towards the remaining period of my MDS program.

I, opt to submit the post-dated cheques to the Institution instead of the Bank Guarantee. I am aware that the post-dated cheques submitted by me to the Institution during my admission will be presented to the bank by the Institution on the date specified on my cheques and I, hereby undertake to maintain sufficient balance in my account during the said period, failing which I am aware of the fact that I am liable for legal action against me by the Institution.

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

This, the _____ day of _____ 2024 at _____ (Place).

Signature of the Candidate

Name: _____

NEET MDS 2024 All India Rank: _____

Signature of the Parent / Guardian

Name: _____