

# PROSPECTUS

**FOR SUBMISSION OF ONLINE APPLICATION FORM  
FOR ADMISSION INTO MDS COURSES FOR THE  
ACADEMIC YEAR 2017 -18**



**Dr. NTR UNIVERSITY OF HEALTH SCIENCES,  
ANDHRA PRADESH,  
VIJAYAWADA - 520 008**

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES::AP::VIJAYAWADA-8**  
**MDS COURSE FOR THE ACADEMIC YEAR 2017-18**  
**IMPORTANT DATES TO REMEMBER**

|           |                                                                                                              |                                     |
|-----------|--------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>1.</b> | Date of issue of Notification to apply for admission to MDS Courses for the academic year 2017-18            | <b>05-04-2017</b>                   |
| <b>2.</b> | Availability of online Application form<br><a href="http://apmds.apsche.ac.in">http://apmds.apsche.ac.in</a> | <b>06-04-2017 to<br/>12-04-2017</b> |
| <b>3.</b> | Date of release of provisional merit position of all the candidates applied for                              | <b>14-04-2017</b>                   |
| <b>4.</b> | Dates of verification of original certificates                                                               | <b>To be notified</b>               |
| <b>5.</b> | Date of release of final merit position after verification of original certificates                          | <b>To be notified</b>               |
| <b>6.</b> | Dates of exercising web options for admission into MDS courses                                               | <b>To be notified</b>               |
| <b>7.</b> | Commencement of classes                                                                                      | <b>02-05-2017</b>                   |
| <b>8.</b> | Closure of admissions                                                                                        | <b>31-05-2017</b>                   |

- Note:**
- 1** No further Notification will be issued by the University unless there is any change in the schedule. No Individual intimations will be sent.
  - 2** Printout of application along with enclosures should be submitted at the time of verification of original certificates at the centers to be notified by the university.
  - 3** If the candidate faces any difficulty for submitting the online application the following numbers may be contacted :
    - **\*for technical difficulties No. 09490332169, 8801348810, 8466924522 and 09030732880**
    - **\*for clarifications on Regulations No.08978780501 and 07093924743 (10.00 AM to 6.00 PM only).**

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA  
PROSPECTUS FOR ADMISSION INTO MDS COURSES FOR THE  
ACADEMIC YEAR 2017-18**

**REGULATIONS:**

The following are the regulations for admission into MDS courses for the academic year 2017-18 and shall apply to all the Dental Colleges in the State of Andhra Pradesh.

**1. NUMBER OF SEATS UNDER COMPETENT AUTHORITY QUOTA:**

1.1 The number of MDS seats to be available for the academic year 2017-18 and fee structure as fixed by the Government will be notified later. The data of seats that were submitted for the previous academic year i.e., 2016-17 is given below:

1.2 The data of seats that were sanctioned for the previous academic year **2016-17** is given below:

| Sl. No.      | Course                                | No. of seats in GDCH, Vijayawada | No. of seats in GDCH (RIDS), Kadapa |
|--------------|---------------------------------------|----------------------------------|-------------------------------------|
| 1            | Orthodontia                           | -                                | -                                   |
| 2            | Periodontology                        | 3                                | -                                   |
| 3            | Oral Medicine & Radiology             | -                                | -                                   |
| 4            | Prosthetic Dentistry                  | -                                | -                                   |
| 5            | Oral & Maxillofacial Surgery          | 3                                | 3                                   |
| 6            | Pedodontics with Preventive Dentistry | -                                | -                                   |
| 7            | Conservative Dentistry                | 3                                | -                                   |
| <b>TOTAL</b> |                                       | <b>9</b>                         | <b>3</b>                            |

1.3 The number of Competent Authority seats in MDS courses for the year **2016 -17** in Unaided Non-Minority Private Dental Colleges (Non-Statewide courses) are as follows, for information of the candidates only.

| Sl. No | COURSE                                | Unaided Non- Minority Private Dental Colleges |                     |                       |                 |                      |               |                    |                       |                         |
|--------|---------------------------------------|-----------------------------------------------|---------------------|-----------------------|-----------------|----------------------|---------------|--------------------|-----------------------|-------------------------|
|        |                                       | AU Area                                       |                     |                       |                 |                      |               | SVU Area           |                       |                         |
|        |                                       | SIBAR DC, Guntur                              | St.JOSEPH DC, Eluru | VISHNU DC, Bhimavaram | GITAM DC, Vizag | Drs. SNR, Gannavaram | SREE SAI SRKM | Narayan DC Nellore | CKS Teja DC, Tirupati | G.Puulia Reddy, Kurnool |
| 1      | Orthodontia                           | 3                                             | 1                   | 3                     | 3               | 2                    | 2             | 3                  | 3                     | 2                       |
| 2      | Periodontology                        | 3                                             | 2                   | 2                     | 3               | 2                    | 2             | 3                  | 1                     | 1                       |
| 3      | Oral Medicine & Radiology             | 2                                             | 1                   | 2                     | 2               | 1                    | 0             | 3                  | 1                     | 1                       |
| 4      | Prosthetic Dentistry                  | 3                                             | 2                   | 3                     | 3               | 1                    | 2             | 3                  | 3                     | 2                       |
| 5      | Oral & Maxillofacial Surgery          | 3                                             | 2                   | 1                     | 2               | 2                    | 0             | 2                  | 2                     | 0                       |
| 6      | Pedodontics with Preventive Dentistry | 3                                             | 2                   | 3                     | 2               | 1                    | 0             | 3                  | 2                     | 0                       |
| 7      | Conservative Dentistry                | 3                                             | 3                   | 3                     | 3               | 2                    | 2             | 2                  | 3                     | 2                       |
| 8      | Oral Pathology                        | 1                                             | 1                   | 2                     | 2               | 1                    | 0             | 2                  | 1                     | 2                       |
| 9      | Community Dentistry                   | 2                                             | 0                   | 0                     | 0               | 0                    | 0             | 1                  | 0                     | 0                       |
|        | <b>Total</b>                          | <b>23</b>                                     | <b>14</b>           | <b>19</b>             | <b>20</b>       | <b>12</b>            | <b>8</b>      | <b>22</b>          | <b>16</b>             | <b>10</b>               |

Note :- The No. of seats shown above may increase/decrease depending upon the permissions of the DCI / Gol / Govt. of AP / University for 2017-18.

- 1.4 In case any new Seats in MDS Courses are permitted by Government of India / affiliated to the University for the academic year 2017-18, those seats also will be filled up. NO FURTHER NOTIFICATION WILL BE ISSUED.
- 1.5 The counseling to the seats in the colleges permitted by Government of India after commencement of first counseling will be made in the subsequent counseling.

**2. ELIGIBILITY:**

**THE CANDIDATES WHO FULFILLED THE FOLLOWING CRITERIA ARE ELIGIBLE FOR ADMISSION INTO MDS COURSES. THEY HAVE TO GET THEIR CERTIFICATES VERIFIED TO BE NOTIFIED BY THE UNIVERSITY AS PER THE SCHEDULE.**

- 2.1 The candidates should secure the following cut off scores in NEET MDS – 2017 session (as per Notice dated 13-01-2017), conducted by National Board of Examinations, New Delhi.

| Category                | Qualifying Criteria | Cut off score (out of 1200) | Remarks                                                                                               |
|-------------------------|---------------------|-----------------------------|-------------------------------------------------------------------------------------------------------|
| General Category        | 50% Percentile      | 523.2461                    | Candidates scoring equal to or more than this cut-off score have been declared as qualified           |
| SC/ST/ BC               | 40% Percentile      | 491.2402                    | ST/SC/ BC candidates scoring equal to or more than this cut-off score have been declared as qualified |
| Persons with Disability | 45% Percentile      | 507.4365                    | OC-PH candidates scoring equal to or more than this cut-off score have been declared as qualified     |

- 2.2 The applicant for admission to the M.D.S courses must have a B.D.S. Degree (Bachelor of Dental Surgery) of a University established or incorporated by or under a Central Act or a State Act or an equivalent qualification recognized by the Dental Council of India. The BDS degree must have been registered in Dental Council of India / Any State Dental Council.
- 2.3 The candidates those who have already completed internship should submit completion certificate. The candidates those who are yet to complete shall submit provisional internship completion in the format given vide Annexure – IV.
- 2.3.1 The candidate shall produce certificate of registration with Dental Council of India / Any State Dental Council
- 2.4 Candidates who are already studying MDS course shall apply for discontinuation of the course by remitting requisite bond amount and stipend drawn upto that date before submitting the application form. Such candidates shall have to submit a certificate issued by the Head of the Institution to that effect alongwith the application form in the proforma appended as Annexure-II.
- 2.5 The procedure of selection of candidates for admission MDS courses 2017 as indicated in the G.O.Ms.No.646 as amended in G.O.Ms.No.42, Higher Education (EC2) Dept., dated 18-05-2009 and G.O.Ms. No.89, HM&FW (E1) department, dated 21.05.2014 shall be followed.
- 2.6 Candidate with BDS degree from outside the State of Andhra Pradesh and Telangana must pay certificate verification / equivalency verification fee as specified in the regulations along with registration fee. The verification fee and registration fee once paid will not be refunded or adjusted under any circumstances. Therefore candidates are advised to check eligibility conditions thoroughly before applying for admission into MDS courses.

**3. ALLOTMENT OF SEATS:**

- 3.1 The Courses specified in Regulation 1.1 Government Dental College & Hospital, Vijayawada are State-wide courses. Admission to these courses shall be regulated as per the procedure envisaged in G.O.Ms.No.93, HM & FW (E1) Dept., dt.01-05-2012 and the year **2017-18 is 6<sup>th</sup> year of rotation.**

The procedure given in G.O.Ms.No.93, HM & FW (E1) Dept., dt.01-05-2012 will be followed for selection of candidates. Any further orders issued by Government of A.P. from time to time will be followed in allotment of seats.

**Note:- The regulations of Dental Council of India shall be observed in making admissions of differently abled (Physically Handicapped) candidates, according to which the differently abled candidates with locomotary disorder of lower limbs between 50% to 70% will be considered first and if any seats are remaining unfilled, candidates with 40% to 50% will be considered.**

The candidate seeking the benefit of reservation should enclose a valid disability certificate having been issued within three months prior to presenting his application.

The Medical Board constituted by the University will scrutinize / verify the disability certificates as per G.O. MS. No.31 Women development, Child welfare & disabled welfare (DW) department dated 01-12-2009 and candidates claiming reservation under PH quota for confirmation of eligibility and the decision of Medical Board specially constituted for the purpose is final and binding on the Candidates.

- 3.2 Courses specified in regulation 1.2 are non - Statewide courses. Admissions to these courses shall be regulated as per the procedure envisaged in Annexure III of G.O.P.No.646, Education Dept., dated. 10.07.1979. The procedure indicated in the above G.O. for selection of candidates as amended in G.O.Ms.No.42, Higher Education (EC2) Dept., dated 18-05-2009 and G.O.Ms.No.89, HM&FW (E1) Dept., dated 21-05-2014 shall be followed. The rule of reservation as ordered by the Government of Andhra Pradesh will be strictly followed.

**4. RESERVATIONS:**

Reservation in favour of the local Candidates 85% of the available seats in every course of study (subject/discipline) in each local area shall be reserved in favour of local candidates. Remaining 15 % unreserved seats shall be filled by applicants as defined in regulations 5.7. While determining 85% in favour of local candidates any fraction of seat shall be counted as one subject to that there shall be at least one unreserved seat.

**5) DEFINITION OF LOCAL AREAS AND LOCAL CANDIDATES.**

**5.1 LOCAL AREA :**

- 5.1.1 The part of the State comprising the Districts of Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, Krishna, Guntur and Prakasam shall be regarded as the local area for the purposes of admission to the Andhra University, \*\* (Nagarjuna University) and to any other education institution (other than a State-wide University or State-wide Educational Institution) which is subject to the control of the State Government and is situated in that part.
- 5.1.2 The part of the State comprising the Districts of Adilabad, Hyderabad, Rangareddy, Karimnagar, Khammam, Mahaboobnagar, Medak, Nalgonda, Nizamabad and Warangal shall be regarded as local area for the purposes of admission to the Osmania University, \*\* (the Kakatiya University) and to any other educational institution (other than a State-wide University or State-wide Educational Institution) which is subject to the control of the State Government and is situated in that part.
- 5.1.3 The part of the State comprising the Districts of Ananthapur, kadapa, Kurnool, Chittoor and Nellore shall be regarded as local area for the purposes of admission to Sri Venkateswara University and to any other educational institution (other than a State-wide University or State-wide Educational Institution) which is subject to the control of the State Government and is situated in that part.



**5.2 LOCAL CANDIDATES:**

5.2.1 A candidate for admission shall be regarded as local candidate in relation to a local area.

- i) If he/she studied in an Educational Institution or Educational Institutions in such local area for a period of not less than 4 consecutive academic years ending with the academic year in which he/she appeared or as the case may be first appeared in relevant qualifying examination.

or

- ii) Where during the whole or any part of the 4 consecutive academic years ending with the academic year in which he/she appeared or as the case may be first appeared for the relevant qualifying examination, he/she has not studied in Educational Institutions, if he/she had resided in that local area for a period of not less than 4 years immediately preceding the date of commencement of the relevant qualifying examination, in which he/she appeared or as the case may be first appeared.

5.2.2 A candidate for admission to any course of study who is not regarded as a local candidate under sub-regulation (4.4.1) above in relation to any local area shall

- i) If he/she has studied in educational institutions in the State for a period of not less than 7 consecutive academic years ending with academic year in which he/she appeared or as the case may be first appeared for the relevant qualifying examination be regarded as local candidate in relation to;

a) Such local area where he/she has studied for the maximum period out of the said period of 7 years.

b) Where the period of his/her study in two or more local areas are equal, such local area where he/she has last studied in such equal periods

or

- ii) If during the whole or any part of the seven consecutive academic years ending with academic year in which he/she appeared or as the case may be first appeared for relevant qualifying examination, he/she has not studied in the educational institution in any local area, but he/she has resided in the State during the whole of the said period of 7 years be regarded as a local candidate in relation to

a) Such local area where he/she has resided for the maximum period out of the said period of 7 years.

or

b) Where the period of his/her residence in two or more local areas are equal, such local area where he/she has resided last in such equal periods.

**EXPLANATION:** (for purpose of this sub-regulation)

i) "Educational Institution" means a University or any Educational Institution recognized by the State Government, a University or any other Competent Authority.

ii) Relevant qualifying examination in relation to admission to any course of study" means the examination, a pass in which is the minimum educational qualification for admission to such course of study.

**NOTE:** The relevant qualifying examination for admission into MDS courses is BDS examination. The question whether the candidate is a local candidate or not will be determined with reference to his/her first appearance in the Final BDS examination.

iii) a) In reckoning the consecutive academic years during which a candidate has studied any period of interruption of his/her study by reasons of his/her failure to pass any examination and any period of his/her study in a Statewide University or a Statewide Educational Institution shall be disregarded.

b) The local / non local status of candidates who passed BDS from Govt. Dental College, Vijayawada, Govt. Dental College, Hyderabad and Army Dental College, Secunderabad will be decided basing on their study period prior to their admission into BDS course at respective Govt. Dental Colleges. The question whether any candidate for admission into any course of study has resided in any local area shall be determined with reference to the places where the candidate actually resided and not with reference to the residence of his/her parent or guardian

- 5.3 While determining the number of seats to be reserved in favour of local candidates under regulation (4), any fraction of seat shall be counted as one, provided that there shall be one unreserved seat.
- 5.4 If a local candidate in respect of a local area is not available to fill any seats reserved or allocated in favour of local candidate in respect of that local area such seats shall be filled in as if it had not been reserved.
- 5.5 The applicant who claims to be local candidate with reference to sub-regulation 5.2.1 or 5.2.2 shall produce in the form of study certificate/certificates issued by the Head of the Educational Institution / Institutions concerned indicating the details of the year or years in which the candidate has studied in educational institution in such local area for a period of not less than 4/7 consecutive academic years ending with the academic year in which he/she appeared or as the case may be first appeared for the Final BDS examination.
- Those who did not qualify as local candidate under sub-regulation 5.2.1 and 5.2.2 but claim to qualify by virtue of residence shall produce a certificate issued by an officer of the Revenue Department not below the rank of Mandal Revenue Officer independent charge of Subtaluk / Mandal in the form annexed to G.O.P.No.628, Education dated 25-7-1974.
- 5.6 The following categories are eligible to apply for admission to the remaining 15% of un-reserved seats.
- 5.6.1 All candidates defined under sub-regulation (5.2) of Regulation-5.
- 5.6.2 Candidates who have resided in the State for total period of ten years excluding period of study outside the State, or either of those parents have resided in the State for a total period of ten years excluding period of employment outside the State.
- 5.6.3 Candidates who are children of parents who are in the employment of this State or Central Government, Public Sector Corporations, Local Bodies, Universities and other similar Quasi-Public Institutions in the State.
- 5.6.4 Candidates, who are spouses of those in employment of this State or Central Government, Public Sector Corporations, Local Bodies, Universities and Educational Institutions recognised by the Government or a University or other competent authority and similar other Quasi Government Institutions within the State.
- 5.6.5 Candidates who are employed in the State Government Undertakings, Public Sector Corporations, Local Bodies, Universities and other similar quasi-Public institutions within the State.
- 5.7 Candidates who are spouses of the local candidates as per Regulation - 5.2.  
**N.B.:** Relevant certificates must be attached to the application in respect of their claim, in respect of residence. The certificate should be obtained from the Revenue authorities not below the rank of Mandal Revenue Officer.
- 5.8 15%, 6%, 29% seats in **Private un aided non-minority Dental Colleges** are reserved for SC, ST and BC (BC-A-7%, BC-B-10%, BC-C-1%, BC-D-7% and BC-E-4%) Candidates respectively, which are called vertical reservations.

6. **APPLICATIONS :**

- 6.1 The On-line application form will be available on the website <http://apmds.apsche.ac.in> from 06-04-2017 11.00 AM on 12-04-2017 upto 5.00 p.m.  
**Note:** The candidates are advised to take a print out of the Prospectus / instructions to fill the application form from the website <http://ntruhs.ap.nic.in> or from <http://apmds.apsche.ac.in> before proceeding to fill the application form.

6.2 The candidate should fill the online application form available in the Website with the data required for, through internet. The online application form can be filled through any computer with internet connection (home/internet café/net center). The candidate is advised to fill the online application form after going through the Prospectus by keeping all the Certificates ready to enter his/her correct data.

6.2.1 **Procedure of filling online application and Procedure for online payment:**

1. Read the Notification, Prospectus / Regulations carefully.
2. Keep the following documents required:
  - a) NEET – MDS 2017 Admit card issued by the NBE
  - b) NEET – MDS 2017 Score card issued by the NBE
  - c) Date of Birth Certificate. (SSC or its equivalent certificate)
  - d) Study Certificates from 1<sup>st</sup> BDS to final BDS.
  - e) BDS Degree certificate.
  - f) In case of Candidates from Government Dental College, Vijayawada, Government Dental College, Hyderabad, Army Dental College, Secunderabad, Study certificates from 6<sup>th</sup> class to Intermediate / 12<sup>th</sup> standard.
  - g) In case of candidates obtained BDS or equivalent Degree from outside the State of Andhra Pradesh and Telangana / India, 10 years residence certificate of father / mother /Spouse issued by Competent Authority indicating years of residence and other relevant certificates if any as per Presidential order in support of eligibility.
  - h) All marks memos from 1<sup>st</sup> BDS to final BDS.
  - i) Permanent caste certificate if applicable (issued through mee seva)
  - j) Internship Completion certificate
  - k) Dental Council Registration Certificate.
  - l) Differently abled (PH) certificate if applicable.

6.2.2 The fee can be paid through Debit card / Credit card or Net Banking

6.2.3 The fee paid by the applicants is not refundable and not adjusted to a future date under any circumstances.

**PROCEDURE FOR SUBMISSION OF ONLINE APPLICATION FORM FOR DETERMINATION OF MERIT POSITION FOR STATE QUOTA SEATS**

1. Open the website <http://apmds.apsche.ac.in> Home page displayed as follows.

AP MDS Admissions Dr NTR University of Health Sciences

Notification Procedure of Web Counselling Procedure to Exercise Options Fee Structure List of Courses Print Options

**On Line Application**

- On Line Registration
- Data Update
- Procedure to apply On Line
- Special Instructions
- Important Dates
- Frequently Asked Questions

**Web Counselling**

- Important Note **NEW**
- List of Colleges
- List of Courses
- Instructions to Candidate
- Procedure to Exercise Web options
- G.O. with regard to Age
- Frequently Asked Questions

Flash N

HELP DESK :: For queries related to Web Counselling mail [apmds2k17@gmail.com](mailto:apmds2k17@gmail.com)

Home | Entrance Tests | Related Links | Disclaimer  
\* Best viewed in 1024 by 768 resolution \*



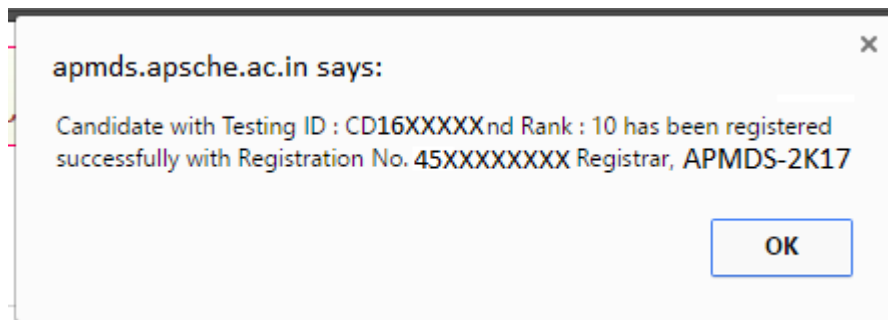
2. Click on the Online Registration.
3. Registration Form appears in which Candidate has to give the details to register.

The screenshot shows a web browser window with the URL `apmds.apsche.ac.in/entryregcanddisp.php`. The page header reads "Dr. NTR University of Health Sciences, Vijayawada". Below this is a "Registration Form" with the following fields and buttons:

- Neet Testing ID \*
- Neet Rank \*
- Date of Birth \*
- Mobile Number \*
- Buttons: Validate, Clear

**Note:** The Not Qualified BC category candidates in NEET MDS – 2017 conducted by NBE and having the Domicile of Andhra Pradesh and Telangana are requested to Enter '0' (zero) (Numeric) in the Neet Rank\* column at the above Registration Form for processing online application form.

4. After entering the details click on **validate** button.
5. If all the details you entered is correct, You will receive the **Registration number**. Please Note the Registration number for further correspondence.



6. Then enter Testing Id and the Registration number for updating the details of the candidate and click on **Validate** Button.

The screenshot shows the same web browser window as before, but the registration form is updated. The fields and buttons are:

- Testing ID \*
- Registration No. \*
- Buttons: Validate, Clear

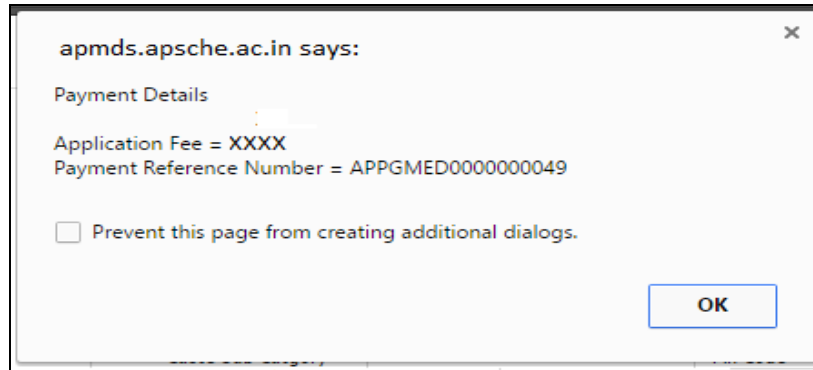
7. The application form will be displayed as shown below

*Dr. NTR University of Health Sciences, Vijayawada*

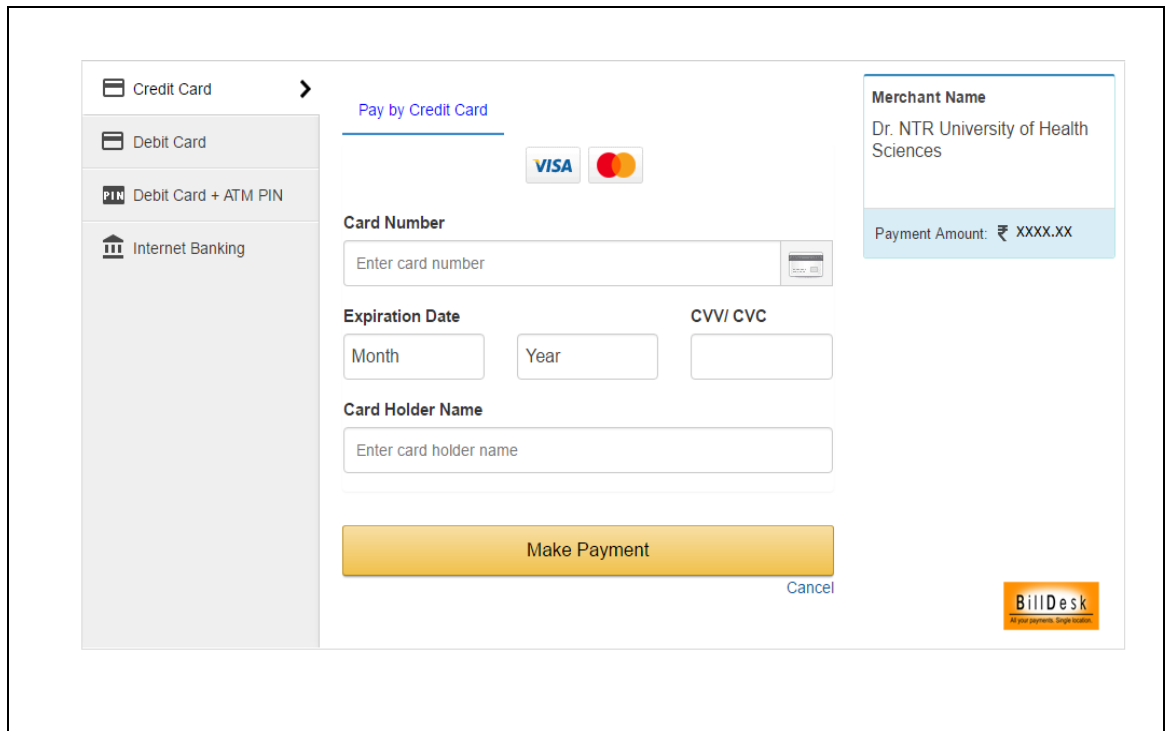
| Registration Form                                                                                                                                                                                                                                                                                                                                 | Candidate Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Testing ID * <input type="text" value="CD16XXXXX"/><br>Registration No. * <input type="text" value="*****"/><br><input type="button" value="Validate"/> <input type="button" value="Clear"/>                                                                                                                                                      | <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Personal Details</th> </tr> </thead> <tbody> <tr> <td>NEET Testing ID</td> <td><input type="text" value="CD16XXXXXX"/> PH Status * <input type="text" value="NO"/></td> </tr> <tr> <td>NEET Rank</td> <td><input type="text" value="XX"/> Mobile No * <input type="text" value="90XXXXXXXX"/></td> </tr> <tr> <td>NEET Result</td> <td><input type="text" value="QUALIFIED"/> Mobile No(Alternate) * <input type="text"/></td> </tr> <tr> <td>Score</td> <td><input type="text" value="XXXXXXXX"/> Email ID * <input type="text" value="XXXXXXXX@GMAIL.COM"/></td> </tr> <tr> <td>Candidate Name</td> <td><input type="text" value="XXXXXXXXXXXXX"/> Aadhar No * <input type="text" value="XXXXXXXXXXXXX"/></td> </tr> <tr> <td>Father Name *</td> <td><input type="text" value="XXXXXXXXXXXXX"/> Address * <input type="text" value="#1,XXXXXXXXXXXXXXXXXX,Ph"/></td> </tr> <tr> <td>Mother Name *</td> <td><input type="text" value="XXXXXXXXXX"/> Place * <input type="text" value="XXXXXXXXXXXXXXXXXXXXX"/></td> </tr> <tr> <td>Gender *</td> <td><input type="text" value="MALE"/> District * <input type="text" value="XXXXXXXXXXXXXXXXXX"/></td> </tr> <tr> <td>Caste Category *</td> <td><input type="text" value="Select"/> State * <input type="text" value="XXXXXXXXXXXXXXXXXX"/></td> </tr> <tr> <td>Caste Sub Category</td> <td><input type="text"/> Pin Code * <input type="text" value="XXXXXX"/></td> </tr> <tr> <td>Local Area *</td> <td><input type="text" value="NONE"/> SSC Hall Ticket No. * <input type="text" value="XXXXXXXXXXXXX"/></td> </tr> <tr> <td>Local Area2(SWT)</td> <td><input type="text" value="NONE"/> Month of Passing SSC * <input type="text" value="Select"/></td> </tr> <tr> <td>Minority</td> <td><input type="text" value="NONE"/> Year of Passing SSC * <input type="text" value="Select"/></td> </tr> <tr> <th colspan="2" style="text-align: center;">MDS Details</th> </tr> <tr> <td>BDS University *</td> <td><input type="text"/></td> </tr> <tr> <td>BDS College *</td> <td><input type="text" value="Select College"/></td> </tr> <tr> <td>BDS From Year *</td> <td><input type="text" value="Select"/></td> </tr> <tr> <td>BDS To Year *</td> <td><input type="text" value="Select"/></td> </tr> <tr> <td>Intern Completed *</td> <td><input type="text" value="NO"/></td> </tr> <tr> <td>Expected Completion Date</td> <td><input type="text"/></td> </tr> <tr> <td>Medical Council Registration *</td> <td><input type="text" value="Select"/></td> </tr> <tr> <td>Registration Date *</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">                     Declaration <input type="checkbox"/> I declare that the information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically and criminal action can be initiated against me. I will pay the fees as applicable from time to time, regularly by the stipulated date.                 </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="button" value="Save and Exit"/> <input type="button" value="Save and Pay"/> </td> </tr> </tbody> </table> | Personal Details |  | NEET Testing ID | <input type="text" value="CD16XXXXXX"/> PH Status * <input type="text" value="NO"/> | NEET Rank | <input type="text" value="XX"/> Mobile No * <input type="text" value="90XXXXXXXX"/> | NEET Result | <input type="text" value="QUALIFIED"/> Mobile No(Alternate) * <input type="text"/> | Score | <input type="text" value="XXXXXXXX"/> Email ID * <input type="text" value="XXXXXXXX@GMAIL.COM"/> | Candidate Name | <input type="text" value="XXXXXXXXXXXXX"/> Aadhar No * <input type="text" value="XXXXXXXXXXXXX"/> | Father Name * | <input type="text" value="XXXXXXXXXXXXX"/> Address * <input type="text" value="#1,XXXXXXXXXXXXXXXXXX,Ph"/> | Mother Name * | <input type="text" value="XXXXXXXXXX"/> Place * <input type="text" value="XXXXXXXXXXXXXXXXXXXXX"/> | Gender * | <input type="text" value="MALE"/> District * <input type="text" value="XXXXXXXXXXXXXXXXXX"/> | Caste Category * | <input type="text" value="Select"/> State * <input type="text" value="XXXXXXXXXXXXXXXXXX"/> | Caste Sub Category | <input type="text"/> Pin Code * <input type="text" value="XXXXXX"/> | Local Area * | <input type="text" value="NONE"/> SSC Hall Ticket No. * <input type="text" value="XXXXXXXXXXXXX"/> | Local Area2(SWT) | <input type="text" value="NONE"/> Month of Passing SSC * <input type="text" value="Select"/> | Minority | <input type="text" value="NONE"/> Year of Passing SSC * <input type="text" value="Select"/> | MDS Details |  | BDS University * | <input type="text"/> | BDS College * | <input type="text" value="Select College"/> | BDS From Year * | <input type="text" value="Select"/> | BDS To Year * | <input type="text" value="Select"/> | Intern Completed * | <input type="text" value="NO"/> | Expected Completion Date | <input type="text"/> | Medical Council Registration * | <input type="text" value="Select"/> | Registration Date * | <input type="text"/> | Declaration <input type="checkbox"/> I declare that the information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically and criminal action can be initiated against me. I will pay the fees as applicable from time to time, regularly by the stipulated date. |  | <input type="button" value="Save and Exit"/> <input type="button" value="Save and Pay"/> |  |
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| NEET Result                                                                                                                                                                                                                                                                                                                                       | <input type="text" value="QUALIFIED"/> Mobile No(Alternate) * <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Score                                                                                                                                                                                                                                                                                                                                             | <input type="text" value="XXXXXXXX"/> Email ID * <input type="text" value="XXXXXXXX@GMAIL.COM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Candidate Name                                                                                                                                                                                                                                                                                                                                    | <input type="text" value="XXXXXXXXXXXXX"/> Aadhar No * <input type="text" value="XXXXXXXXXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Father Name *                                                                                                                                                                                                                                                                                                                                     | <input type="text" value="XXXXXXXXXXXXX"/> Address * <input type="text" value="#1,XXXXXXXXXXXXXXXXXX,Ph"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Mother Name *                                                                                                                                                                                                                                                                                                                                     | <input type="text" value="XXXXXXXXXX"/> Place * <input type="text" value="XXXXXXXXXXXXXXXXXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Gender *                                                                                                                                                                                                                                                                                                                                          | <input type="text" value="MALE"/> District * <input type="text" value="XXXXXXXXXXXXXXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Caste Category *                                                                                                                                                                                                                                                                                                                                  | <input type="text" value="Select"/> State * <input type="text" value="XXXXXXXXXXXXXXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Caste Sub Category                                                                                                                                                                                                                                                                                                                                | <input type="text"/> Pin Code * <input type="text" value="XXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Local Area *                                                                                                                                                                                                                                                                                                                                      | <input type="text" value="NONE"/> SSC Hall Ticket No. * <input type="text" value="XXXXXXXXXXXXX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Local Area2(SWT)                                                                                                                                                                                                                                                                                                                                  | <input type="text" value="NONE"/> Month of Passing SSC * <input type="text" value="Select"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Minority                                                                                                                                                                                                                                                                                                                                          | <input type="text" value="NONE"/> Year of Passing SSC * <input type="text" value="Select"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| MDS Details                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| BDS To Year *                                                                                                                                                                                                                                                                                                                                     | <input type="text" value="Select"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                  |                 |                                     |               |                                     |                    |                                 |                          |                      |                                |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| Intern Completed *                                                                                                                                                                                                                                                                                                                                | <input type="text" value="NO"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                  |                 |                                     |               |                                     |                    |                                 |                          |                      |                                |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| Expected Completion Date                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                  |                 |                                     |               |                                     |                    |                                 |                          |                      |                                |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| Medical Council Registration *                                                                                                                                                                                                                                                                                                                    | <input type="text" value="Select"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                  |                 |                                     |               |                                     |                    |                                 |                          |                      |                                |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| Registration Date *                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                  |                 |                                     |               |                                     |                    |                                 |                          |                      |                                |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| Declaration <input type="checkbox"/> I declare that the information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically and criminal action can be initiated against me. I will pay the fees as applicable from time to time, regularly by the stipulated date. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                             |                                     |                     |                      |                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                          |  |
| <input type="button" value="Save and Exit"/> <input type="button" value="Save and Pay"/>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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8. After filling the form, click on **Save and Exit Button**. This process can be repeated till all the data you entered is correct. Then click on **Save and Pay Button** for proceed for payment. Depending on your caste category, local area, state and country the Registration fee is varied. Once paid you will get any refund. **Hence, you are requested to double check the eligibility conditions yourself and pay the fee.**

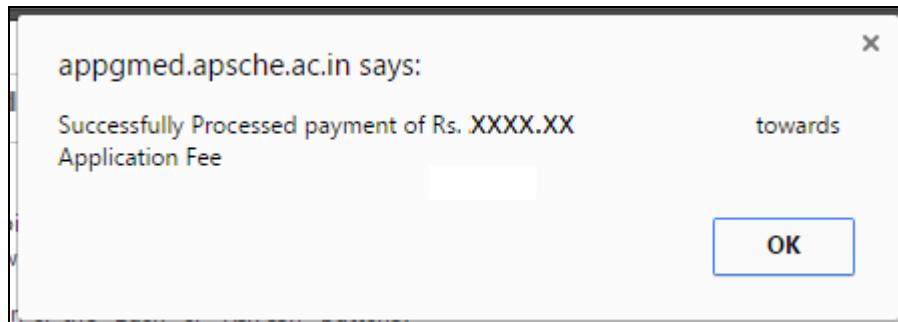
9. Now you will be directed to the Payment Gateway click OK



10. Select you mode of payment






11. After payment you will receive a Successful Payment message



12. Click OK Button. You will get your filled-in application form take printout of this form and paste a passport size photograph which is similar to that applied for NEET-MDS 2017 in the space provided in the print out of online application form and submit at the time of original certificates verification.

13. Sample of Filled Application

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |  |                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 | <b>Dr. NTR University of Health Sciences, Vijayawada</b><br><b>AP PG MDS Admissions - 2017</b><br><b>Application for Admission into MDS Courses 2017-18</b><br>XXXXXXXXXXXXXXXX |  | Affix Recent Passport size Photo<br> |
|                                                                                                                                                                                                                                                                                                                                                                                  | Candidate NEET Details                                                                                                                                                          |  |                                                                                                                         |
| Testing ID : CD XXXXXXXX                                                                                                                                                                                                                                                                                                                                                         | Rank : XXXXXXXX                                                                                                                                                                 |  |                                                                                                                         |
| Score : XXXXXXXX                                                                                                                                                                                                                                                                                                                                                                 | Result : QUALIFIED                                                                                                                                                              |  |                                                                                                                         |
| Candidate Personal Details                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |  |                                                                                                                         |
| Name of Candidate : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                             | Father's Name : XXXXXXXXXXXXXXXX G                                                                                                                                              |  |                                                                                                                         |
| Date of Birth : XXXXXXXX                                                                                                                                                                                                                                                                                                                                                         | Gender : MALE                                                                                                                                                                   |  |                                                                                                                         |
| Caste Category : OC                                                                                                                                                                                                                                                                                                                                                              | Caste Sub Category :                                                                                                                                                            |  |                                                                                                                         |
| Local Area : AU                                                                                                                                                                                                                                                                                                                                                                  | Minority : NONE                                                                                                                                                                 |  |                                                                                                                         |
| Physically Handicapped : NO                                                                                                                                                                                                                                                                                                                                                      | Mobile No. : XXXXXXXXXXXXXXXX                                                                                                                                                   |  |                                                                                                                         |
| Email ID. : XXXXXXXXXXXXXXXX.COM                                                                                                                                                                                                                                                                                                                                                 | Aadhar No. : XXXXXXXXXXXXXXXX                                                                                                                                                   |  |                                                                                                                         |
| Address :                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |  |                                                                                                                         |
| Place : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                         | District : XXXXXXXXXXXXXXXX                                                                                                                                                     |  |                                                                                                                         |
| State : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                         | Pin Code : XXXXXXXXXXXXXXXX                                                                                                                                                     |  |                                                                                                                         |
| SSC Hall Ticket No. : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                           | Month/Year of SSC : XXXXXXXXXXXXXXXX                                                                                                                                            |  |                                                                                                                         |
| Candidate BDS Details                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                 |  |                                                                                                                         |
| BDS University : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |  |                                                                                                                         |
| BDS College : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                 |  |                                                                                                                         |
| BDS From Year : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                 | BDS To Year : XXXXXXXXXXXXXXXX                                                                                                                                                  |  |                                                                                                                         |
| BDS Intern : XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                    | Intern Completion Date :                                                                                                                                                        |  |                                                                                                                         |
| Intern Expected Completion Date :                                                                                                                                                                                                                                                                                                                                                | Registration :                                                                                                                                                                  |  |                                                                                                                         |
| MCI Registration Date :                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |  |                                                                                                                         |
| <p><b>Paid an amount of Rs. towards Application Fee.</b></p> <p>I declare that the information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically and criminal action can be initiated against me. I will pay the fees as applicable from time to time, regularly by the stipulated date.</p> |                                                                                                                                                                                 |  |                                                                                                                         |
|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |  |                                                                                                                         |
| Date :: XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                         | Signature of the Candidate                                                                                                                                                      |  |                                                                                                                         |

**Do's and Don'ts**

- ✚ Do not use mobiles and tablets to Apply. Use only computers.**
- ✚ Do not select or enter false information which can be liable for Criminal Action.**
- ✚ Avoid using slow internet facility.**
- ✚ Keep your mobile with you while Applying and do not block SMS.**

6.4 The candidate should paste a passport size photograph which is similar to that applied for NEET-MDS 2017 in the space provided in the print out of online application form and submit at the time of original certificates verification

**6.5 Registration fee :**

The registration fee is Rs.3500/-(Bank transaction charges extra) for OC,BC categories and Rs.3000/- (Bank transaction charges extra) for SC,ST categories.

The candidate should enclose the attested copies of required Certificates to the Printout of the online application form in support of his/her claim.

**Verification fee:**

The students who acquired their UG Degree outside the State or country/abroad, got their certificates registered by Dental Council of India and applying for Entrance test for admission into MDS courses notified by this University, shall pay a verification fee (Rs.7,000/- for degree certificates acquired abroad and Rs.3,000/- for the degrees acquired outside the State).

6.6 The candidate should sign at the declaration area in the print out of the online application form.

**5.6 VERIFICATION OF ORIGINAL CERTIFICATES:**

5.6.1 The candidate should submit the print-out of the filled - in online application along with three sets of attested copies of required certificates at **The centers notified by the University at the time of original certificates verification**

**Note:** The candidature of the applicant will not be considered for admission to MDS courses unless the print-out application form along with the requisite enclosures is submitted at the time of verification of original certificates.

**6. MERIT LISTS:**

**THE MERIT POSITION OF THE CANDIDATES THOSE WHO APPLIED THROUGH ONLINE IN RESPONSE TO THE NOTIFICATION ISSUED BY DR. NTRUHS IN RESPECTIVE CATEGORIES SHALL BE DETERMINED BY NEET-MDS-2017 SCORES AND AS PER THEIR ELIGIBILITY CRITERIA APPLICABLE REGULATIONS, GUIDELINES AND RESERVATION POLICIES VIZ:**

6.1 As per MDS Regulations of Dental Council of India, the candidates who secure minimum of 50<sup>th</sup> percentile (40<sup>th</sup> percentile for SC/ST/BC candidates and 45<sup>th</sup> percentile for Differently abled candidates) in NEET MDS – 2017.

6.2 The University will release final merit of eligible candidates for exercising web options after verification of original certificates at the centers the notified by the University.

**NOTE: THE CANDIDATES WHO APPLIED THROUGH ONLINE IN RESPONSE TO THIS OFFICE NOTIFICATION FOR ADMISSION INTO MDS COURSE – 2017 ARE ONLY ELIGIBLE FOR ATTENDING VERIFICATION OF ORIGINAL CERTIFICATES AT THE CENTERS TO BE NOTIFIED BY THE UNIVERSITY ALONG WITH THREE SETS OF ENCLOSURES.**

**7. COUNSELING**

**The notification for verification of original certificates of the candidates those who applied through online, for exercising web options, procedure and applicable guidelines for admission into MDS courses will be issued separately from time to time**

**NOTE:** All the dates are tentative and the University reserves the right to change them without assigning any reason or advance notice.

VIJAYAWADA,  
Dt.05-04-2017.

Dr. S.Appala Naidu  
REGISTRAR

**ANTI RAGGING ACT**

Ragging is prohibited in the Educational Institutions in the State of AP vide Act No.26 of 1997, dt.21-8-1997. The Anti raging Act is placed on the Website of the University for information.



**ANNEXURE - I**

**FORM OF CASTE CERTIFICATE**

Serial No.

S.C.

S.T.

B.C.

Emblem

District Code:

Mandal Code:

Village Code:

Certificate No.

**COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE**

1) This is to certify that Sri/Smt/Kum ..... Son/daughter of  
Sri .....of Village / Town  
.....Mandal ..... District  
..... of the State of Andhra Pradesh belongs to  
..... Community which is recognised as Scheduled Caste/ Scheduled Tribe /  
Backward Class under:

The Constitution (Scheduled Castes) order 1950

The Constitution (Scheduled Tribes) order 1950

G.O.Ms.No.1793, Education, dated 25-9-1970 as amended from time to time (BCs) S.Cs., S.Ts. list  
(Modification) Order 1956, S.Cs. and S.Ts (Amendment) Act, 1976:

2) It is certified that Sri/Smt/Kum ..... is a native of ..... Village /  
Town ..... Mandal ..... District of Andhra Pradesh/Telangana.

3) It is certified the place of birth of Sri/Smt/Kum ..... is ..... Village /  
Town ..... Mandal ..... District of Andhra Pradesh/Telangana.

4) It is certified that the date of birth of Sri/Smt/Kum ..... is Day  
..... Month ..... Year ..... (in words) ..... as per the declaration given  
by his/her father/mother/guardian and as entered in the school records where he/she studied.

(Seal)

Signature :

Date :

Name in Capital Letters :

Designation:

Explanatory Note:

While mentioning the Community, the Competent Authority must mention sub-caste in case of  
Scheduled Castes and sub-tribe or sub-group (in case of Scheduled Tribes) as listed out in the S.Cs.,  
and S.Ts., (Amendment) act, 1976.

NOTE: Certifying Officer should follow the orders issued in G.O.Ms.No.58, Social Welfare (J) Dept.,  
dt.12-5-97.

**ANNEXURE- II**

**DISCONTINUANCE CERTIFICATE**

This is to certify that ..... MDS student in ..... course of academic year ..... admitted on ..... has discontinued the course on ..... by paying the bond amount of Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ only) through Demand Draft No..... date ..... of ..... bank and the stipend Rs. .... through Challan No. / D.D.No. .... and date .....

College Seal

Date

Signature of the Principal with seal

**ANNEXURE- III**

(Non Judicial Stamp Paper for Rs.100/-)  
(For Non-Service Candidates and in-service Candidates eligible for study leave)

I, Dr ..... selected for MDS Course for the year 2016-17 in do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies in the mid term, or in default or for any other reason, I undertake to pay to the Dr. NTR University of Health Sciences a sum of Rs. \_\_\_\_\_ and stipend received till date to the Government.

Date:

Signature of the candidate

WITNESS:

SIGNATURE OF THE SURETIES

1. Signature ..... 1.....

Name & Address in Full.

Name & Address in Full.

2. Signature ..... 2.....

Name & Address in Full.

Name & Address in Full

- N.B. : i) The Bond format shall be typed on the Non-Judicial Stamp paper.  
ii) Sureties should be of two permanent Gazetted Officers of A.P/Telangana Governments.

ANNEXURE – IV

PROVISIONAL INTERNSHIP COMPLETION

To Whomsoever It May Concern

This is to certified that Dr .....

is a Bonafide Student of this Institute from ..... to .....

He is likely to complete his/her compulsory Rotatory Internship on .....

Date:.....

Signature of the Principal  
with college seal