

दूरभाष : 23238542, 23236740  
Telephone : 23238542, 23236740  
तार : डेनकोसिंड  
Telegram : "DENCONCIND"  
फैक्स : 0091-011-23231252  
Fax : 0091-011-23231252  
E-mail ई-मेल : dciindia@hotmail.com  
Webside : http://www.dciindia.org



ऐवान-ए-गालिब-मार्ग  
कोटला रोड, नई दिल्ली - 110 002  
Aiwan-E-Galib Marg, Kotla Road,  
New Delhi - 110 002

SP: 7

# भारतीय दन्त परिषद

## DENTAL COUNCIL OF INDIA

(CONSTITUTED UNDER THE DENTISTS ACT 1948)  
**SPEED POST**

No. DE-Misc-(Students)2012/MDS/ 13778

Dated the 14 May, 2012

To

All the PG Dental College in the Country

**Sub: Furnishing of the list of the students admitted in MDS Course (Both under Government & Management Quota) at Dental Colleges during the academic session 2012-2013.**

Sir,

I am directed to refer to the subject cited above and to say that as per time schedule annexed to DCI Regulation, 2006, the last date for admitting students for MDS Course is 31st May of every year. Accordingly, all the Dental Colleges offering Dental Education at PG level are under obligation to furnish the list of the Students admitted in MDS Course (Both under Govt. & Management Quotas) to this Council, and in case any admission are made in violation of this time schedule as well as in violation of the provision of the Dentists Act and Regulation of the section 10(B) of the Dentists (Amendment) Act, 1993 would be initiated against such Dental College.

2. In view of the above, you are requested to furnish the list of the students admitted in MDS Course (Both under Govt. & Management Quotas), as the case may be, in respect of your Dental Institution for the academic session 2012-2013, in the prescribed format enclosed herewith, **by 3rd of June positively to this Council by speed Post/Fax/E-mails.**

3. The above procedure of sending the lists to DCI by the college as well as by the University is an annual feature to be followed by each and every college so as to obviate the necessity of sending reminders again and again for the purpose.

4. The receipt of the letter may kindly be acknowledged immediately.

Yours faithfully

(Col. (Retd.) Dr. S.K. Ojha)  
Officiating Secretary  
Dental Council of India

Copy for information to The Under Secretary, Govt. of India, Ministry & Family Welfare, (Deptt. of Health-PMS Section) Nirman Bhawan, Maulana Azad Road New Delhi-110011.

(Col. (Retd.) Dr. S.K. Ojha)  
Officiating Secretary  
Dental Council of India

CC

The President, Dental Council of India.

Contd....2...

S.No.	Name of the Student	Speciality	Father's Name	Category Govt./Management	Sub-Category SC/ST/OBC	Merit No.	%age marks in 10+2	%age of marks obtained in CET	University's Regn No.	Date of admission	Whether eligible as per eligibility criteria/norms prescribed by the State Govt.

Please also furnish the following information at the end of the list:

1. Total No. of students admitted:
2. Total No. of students admitted under Govt. Quota:
3. Total No. of students admitted under Management Quota:
4. Total No. of students admitted under NRI/foreign/PIO Quota:
5. Total No. of students admitted under General Category Quota:
6. Total No. of students admitted under SC Category Quota:
7. Total No. of students admitted under ST Category Quota:
8. Total No. of students admitted under OBC Category Quota:
9. Total No. of students admitted under others:
10. Total No. of female students admitted:

Please treat this letter as Most Urgent.

### UNDERTAKING

This is to certify that the admission in MDS Course, is per sanctioned admission capacity and no excess admission has been made.

As per record available with the college, the information given above is correct in case it is found incorrect or false, I shall be liable for action in event of submission of any incorrect or false information.

Signature  
Principal/Chairman

Copy forwarded for information an necessary action to :

1. The Health/Medical Education Secretary of all the States/UT for information and with request to kindly ensure that the college authorities comply with the above stipulations totality.
2. The Director of Medical Education of the States/UT – for information and with the request kindly to ensure the college authorities comply with the above stipulation in totality.
3. The Registrar of the University having dental colleges affiliated to them for information and with the request to ensure that the college authorities comply with the above stipulation in totality.