



**INSTITUTE OF MEDICAL SCIENCES,
BANARAS HINDU UNIVERSITY
VARANASI – 221005**
**INFORMATION LEAFLET FOR REGISTRATION TO 3 YEARS
M.D.S. COURSE AUGUST 2009 SESSION**

1. SUBJECTS & NUMBER OF SEATS

M.D.S. : PROSTHODONTICS -1 OPERATIVE DENTISTRY- 1 ORTHODONTICS – 1**

** Subject to recognition of Dental Council of India. Admission for this seat will only be done if the recognition by Dental Council of India is available at the time of counselling.

2. ELIGIBILITY:

The candidates must have passed B.D.S. and have completed their one year Compulsory Rotating Internship by 31st May 2009

3. AVAILABILITY OF APPLICATION FORMS:

- 3.1 It can be downloaded from BHU web. site www.bhu.ac.in
- 3.2 It can also be obtained from the office of the Director, Institute of Medical Sciences, BHU Varanasi on submission of a **MICR DD** of Rs. 100/- in favour of the "**Director, Institute of Medical Sciences**", payable at Varanasi along with self addressed envelop (25 X 16cm) by Post till 11th May 2009 and in person till 18th May 2009.

4. SUBMISSION OF APPLICATION FORMS:

- 4.1 Candidate must fill complete application form in his/her own handwriting and all the entries in the form should be filled by the same writing material.
- 4.2 The completed application form in all respects including self attested photographs & thumb impression, and all required enclosures should reach the office of the **Director, Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005** on or before **25th May 2009 (5.00 PM)**. The envelope containing the application should be superscribed "APPLICATION FOR MDS COURSE-2009". Advance photocopy, Fax or E-mail copies of the application will not be accepted. Only original forms and the application form downloaded from our website will be accepted.
- 4.3 Duly completed application must be accompanied with a **MICR DD** for Rs. 1500/- (Rupees One thousand five hundred only) drawn on a nationalized bank and payable at Varanasi in favour of DIRECTOR, IMS, BHU. The demand draft submitted along with this form includes examination fees and is **not refundable** in any case.
- 4.4 The application must be accompanied with attested copies of all the mark sheets / certificates / degrees / registration number, certificate and other documents (from High School to MD/MS)
- 4.5 Incomplete applications in any respect will be summarily rejected and no correspondence in this regard will be entertained. Applications received after the last date will not be entertained on any ground including postal delay.
- 4.6 All passport size photographs must be self attested, identical, snapped with front profile, showing full head, face, shoulder and with both ears and taken without wearing any Cap/Hat/Sun glasses. Polaroid photos are not accepted. Photograph must be taken on or after 31st December 2008, with a placard indicating the date.
- 4.7 Candidates who are in service (Government /Semi Government /Statutory body) must apply through proper channel with endorsement certificate of the employer on the proforma provided in the application form.
- 4.8 Provisional admit card shall be sent by Registered Post to the candidates. If an eligible candidate does not receive the admit card, he/she may contact the office of the Director, Institute of Medical Sciences, BHU, Varanasi on **4th July 2009 between 10.00 AM to 5.00 PM** along with 2 copies of self attested passport size photographs identical to those pasted in Original application form. Duplicate admit card will **NOT** be issued on the day of the examination. i.e. 5th July 2009.

5. EVALUATION:

- 5.1 The test paper will consist of 100 objective types of questions drawn from subjects taught in BDS. The paper in general would be of BDS standard. The paper will be of 100 minutes duration
- 5.2 Three marks will be awarded for each correct answer and one mark will be deducted for each incorrect answer.
- 5.3 The qualifying marks are 50% of the aggregate.
- 5.4 No scrutiny/revaluation of the answer book of the test shall be allowed on any ground.

6. SELECTION

6. Common Merit list for the available seats will be declared and posted on the BHU web site www.bhu.ac.in and allotment of subject will be done on merit and as per the choice of the candidate at the time of counseling. In case of equal marks in the test the inter-se ranking of the candidates shall be determined in the following orders:

- 6.1 The aggregate marks obtained by the candidate in the final professional BDS examination.
- 6.2 In case of equal marks vice 6.1 above, the merit shall be decided on the basis of the aggregate of all the Professional Examinations of BDS.
- 6.3 In case of equal marks in the aggregate of the BDS examinations (vice 6.2 above) the inter-se merit shall be decided on the basis of the marks obtained by the candidates in the subject concerned at BDS level to which the admission is sought.
- 6.4 If the mark at the above (vice 6.3) also happens to be the same the date of birth would be the basis i.e. the candidate senior in the age would rank higher.

7. GENERAL:

- 7.1 Selected candidates will have to execute a bond on non-judicial stamp paper of Rs.100/- (to be purchased from Varanasi or any District of State of Uttar Pradesh only) before joining the course
- 7.2 Private practice of any kind shall not be permissible during the entire duration of the course.
- 7.3 The admission and continuance of Registration/Residency of the candidate shall be subject to the BHU Act, Statutes, Ordinance, Rules, Regulations and Orders as may be applicable from time to time and the aforesaid bond. The registration/ admission may be cancelled without any notice if the Department/ Faculty is not satisfied with the work and/or conduct of the candidate.
- 7.4 The decision of the Director, IMS, BHU, shall be final and binding on the candidate in respect of the admission test.
- 7.5 The decision of the Postgraduate Medical Board, Faculty of Medicine & Dentistry, Institute of Medical Sciences, BHU, in all the matters of admission/registration shall be final and binding on the candidate.
- 7.6 Only the eligible candidate fulfilling the eligibility requirements and other conditions, as prescribed, will be issued the Admit Card for appearing in the test, from the Academic Section, Office of the Director, IMS, BHU, Varanasi. It is for the candidate to see that he/she is fulfilling all the requirements to appear in the test. If he/she is not found eligible, the admit card will not be issued and he/she will have no claim whatsoever on any ground.
- 7.7 The candidates taking up the admission test will have to make their own arrangements for stay at Varanasi.
- 7.8 No TA/DA will be paid to the candidates for appearing in the test or for joining the course
- 7.9 Candidates must bring their own **BLACK BALL PEN** for the Entrance Test.
- 7.10 Candidates will have to bring admit card (original), all original certificates, including registration form. Marks sheets and Internship completion certificate at the time counseling and have to submit documentary proof at the time of Admission that their degrees are recognized by Dental Council of India.

IMPORTANT DATES

Last date for obtaining application form and information leaflet by post. Monday, 11th May 2009

Last date for obtaining application form and information leaflet from Office Counter Monday, 18th May 2009

Last date for receipt of completed application form in the office of the Director, IMS, BHU, Varanasi Monday, 25th May 2009

Date and place of written examination Sunday 5th July 2009
(Time: 9.00 AM),
Multipurpose Hall, BHU

NOTE:

- CANDIDATES ARE ADVISED TO DOWNLOAD EACH PAGE OF THE APPLICATION FORM ON ONE SIDE OF THE PAPER ONLY.

Please attach a self addressed envelope of 25 cm x 16 cm size for sending the Admit Card. The address should be clearly and neatly written.



**INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221005**
**APPLICATION FORM FOR APPEARING IN ADMISSION TEST FOR
THREE YEAR M.D.S. COURSE COMMENCING AUGUST 2009**

Last date to reach the Director, I.M.S., B.H.U.: 25th May, 2009

(For Office Use Only)

Course : M.D.S. Subject

Date of Receipt. _____

Receipt No. _____

Provisionally allowed/Not allowed

Reasons : _____

(To be filled in by the candidate in his/her own handwriting)

DD No.	Date	Amount Rs.	Issuing Bank

1. Course applied for: M.D.S.

2. Subject :

3. Name of the candidate (in block letters):

.....

4. Father's Name (in full):

Mother's Name (in full):

5. Date of birth:

6. Address for Communication:

.....

.....

.....

Mobile No. Telephone No.

7. Permanent address:

.....

8. Nationality :

9. Religion:

10. State to which belongs:

11. Caste:

12. Marital Status: Married/Unmarried

If married, Name of Spouse:

-A-
Paste a self
attested
photograph

NOTE: Candidates are advised to read this form and information leaflet carefully before filling up the application form.

13. Details of examinations passed

Name of the examination	University/ Board	Year	Subject	Marks obtained/ maximum marks	% of Marks
High School/ or equivalent					
I.Sc.or equivalent of +2 level					
B.D.S.1st Professional					
B.D.S.2nd Professional					
B.D.S.3rd Professional					
B.D.S. final Professional					

NOTE: Attach self attested copies of all the Mark sheets/Certificates/Degrees/Registration number and other documents (from High School to BDS)

14.Details of Internship : Name of the Hospital:

From To

15. Permanent Registration No.: Date: State :

16. Details of present employment, if any:.....

Name of the organization and its full address.....

.....

Post held..... Tenure of appointment

DECLARATION

I declare that I have read the information leaflet and the application form and that all the information furnished above by me are true. All the attested/ certified copies of certificates/mark sheets are attached. In case any information furnished by me above is found wrong at any time, my candidature for the examination/selection to the course may be cancelled outright and I may be debarred permanently from the test and disciplinary action may be taken against me. I declare that I am an Indian National and have not taken part in any activity subversive of law and no disciplinary action has been taken against me by the University. I have not been debarred by the University for appearing in examination or for seeking admission to any course of studies.

Date :

Signature of the candidate

Place:

(To be filled in by the Head of the Department/Employer)

**ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/EMPLOYER UNDER WHOM
THE CANDIDATE IS PRESENTLY WORKING**

Dr.....is
working under me as for the last years. To the best of my
knowledge the information furnished by the candidate in his/her application form are correct. I have no
objection in his/her seeking admission to the M.D.S. course of the Institute of Medical Sciences, B.H.U. If
he/she is admitted he/she will be relieved for three years for undergoing the course.

Date:

Signature of the Employer
with Designation & Seal

CHECK LIST

I) Self attested copies of certificates	Enclosed	Attested	Enclosure No.
1. High School or equivalent with Date of birth certificate	Yes/No	Yes/No	_____
2. Intermediate or equivalent	Yes/No	Yes/No	_____
3. B.D.S. passing certificate	Yes/No	Yes/No	_____
4. B.D.S. Marks sheet of all the examinations	Yes/No	Yes/No	_____
5. Internship completion certificate	Yes/No	Yes/No	_____
6. Permanent registration certificate	Yes/No	Yes/No	_____
7. Character Certificate	Yes/No	Yes/No	_____
8. MICR Demand Draft of Rs. 1500/-	Yes/No		_____
II) Forwarded by Employer/Head of organization (for candidate in service)	Yes/No/Not required		
III) Three self attested photographs affixed at designated space A, B, C	Yes/No		

Signature of the candidate

NOTE:

1. Self attested copy of certificates should be arranged in above order and an enclosure number should be given on each and same should be listed above in appropriate column.
2. If any of above answer is NO, the application will be rejected without making any correspondence.

Roll No.	
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**INSTITUTE OF MEDICAL SCIENCES
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VARANASI - 221005**

**PROVISIONAL ADMIT CARD
M.D.S. ADMISSION TEST – AUGUST 2009 SESSION**

Examination Centre:(To be filled by Office)

(To be filled in by the candidate)

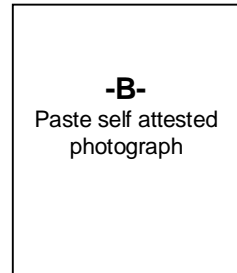
DR.....

(WRITE NAME IN BLOCK LETTERS)

Son/Daughter of Sri

Address on which the admit card is to be sent:

.....
.....
.....



to appear in the M.D.S. admission test to be held on Sunday, 5th July 2009 at 9.00 AM

Specimen signature of the candidate

Deputy Registrar

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidate must bring original Admit Card with him/her to secure admission to the examination room.
2. Mark your answers on the "Answer Sheet" by blackening the circles using **Black Ball Pen**.
3. Please bring your own writing material.
4. Envelop of admit card/ any other paper/ any resource material /calculators /slide rule/ mobile phone/pagers are not allowed
5. The examination rooms will be opened half an hour before the commencement of the examination
6. No candidate will be admitted to the examination room after **Ten Minutes** of start of the examination
7. No candidate will be allowed to leave the examination room till the examination is over.
8. Candidates should not leave the examination room without handing over his/her question booklet and answer sheet to the Invigilator.
9. Candidates will be required to sign his/her attendance and thumb impression at designated place in the presence of the invigilator when directed to do so by the Invigilators.
10. Candidates who fail to observe these regulations may be disqualified and debarred from appearing in the entrance test and any subsequent examination held by the University.

The admit card is being issued provisionally subject to the scrutiny of the eligibility. It is only after verification of the eligibility that the candidate would be considered for admission. Mere appearing or qualifying in the test does not entitle a candidate for selection/admission.

Preserve your provisional admit card which has to be produced before admission committee in case of your selection.

Roll No.....



**INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221005
REGISTRATION CARD
M.D.S. ADMISSION TEST – AUGUST 2009 SESSION**

Examination Centre: (to be filled by office)

(To be filled in by the candidate)

1. Full Name :
2. Father's name :
3. Mother's name :
4. Date of birth :
5. Subject – M.D.S.....
6. Address:

.....

Mobile..... Tel. No.....

-C-

Paste self attested
photograph

7. Specimen signature of the candidate
at the time of applying

8. To be filled in the examination hall
in presence of Invigilator

Signature of the Candidate
Thumb impression of the candidate*

Signature of the Candidate
Thumb impression of the candidate*
Name and signature of the Invigilator

*** Left hand thumb impression for Male candidates and Right hand thumb impression for Female Candidates**