

MDS 2009

GOVERNMENT OF KERALA
OFFICE OF THE COMMISSIONER FOR ENTRANCE EXAMINATIONS
 HOUSING BOARD BUILDINGS, SANTHI NAGAR, THIRUVANANTHAPURAM – 695 001

APPLICATION NUMBER

APPLICATION FOR ADMISSION TO POST GRADUATE COURSE IN DENTAL SURGERY (MASTER OF DENTAL SURGERY-MDS), KERALA – 2009

Note: Please read the Prospectus carefully before filling up the Application form.

1. Put a “ X ” mark in the relevant category under which you are applying	GENERAL QUOTA ONLY		SERVICE QUOTA ONLY		GENERAL & SERVICE QUOTA	
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Please insert one letter /number in a box.

2. Name in CAPITAL Letters, beginning from the left – Initials at the end of name.																			

3. Contact telephone number										4. Date of Birth					4.a.Completed Age as on 30.04.2009								
STD Code		Telephone / Mobile Number								Day	Month		Year										

5. Full postal address of the candidate in capital letters (with Pin Code)Pin Code	Please paste a recent photograph of the applicant, with signature of the applicant, half on the photograph and half on the application form
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6. NATIVITY: Do you satisfy Nativity condition as per clause IV[b] of the prospectus?		7. Do you claim Reservation under SC / ST [SC / ST candidates should obtain Community certificate on page number 4]			8. Do you belong to * SEBC			9. Details of Application Fee Remitted.		
Write YES / NO		[a] Write SC / ST or else write NA			Write YES / NO.			Amount:		
* Obtain Nativity Certificate on page number 3.		[b] If SC/ST, write the name of the Community below.			*SEBC Candidates should obtain Income and Community certificates given on page no. 5			DD Number:		
								Date:		

10(a) Total marks obtained for B.D.S. Examination (For all years together)	Marks secured		Maximum Marks	
(b) Register No., Month & year of passing				
(c) Name of the University. [See Clause IX (C) [c] (1) of Prospectus]				

11. Date of completion of Compulsory Rotatory House Surgeoncy. [Attach Certificate in case of candidates undergoing House Surgeoncy, as per Clause IX [C] (3) of Prospectus].	
12. Kerala Dental Council Registration Number, if already registered. [See Clause IX [C] (c) (2) of Prospectus]	

ITEMS 13 TO 17 ARE APPLICABLE ONLY TO SERVICE CANDIDATES.

13. If you claim Reservation under *Service Quota please put a "X" mark against the Quota (s) under which admission is sought for. [See Clause VII of the prospectus for details].					
a. *Lecturer Quota (For Regular Lecturers working in Govt. Dental and Medical Colleges).		b. *Dental Surgeon's Quota (For regular Dental Surgeons Working in Govt. Hospitals)			
14. Name of the institution and Department in which the candidate is employed					
15. Write the total length of service as on 31-12-2008 . (Excluding periods of Leave Without Allowance & unauthorized absence, if any) [See Clause VIII]					
		Year(s)		Month(s)	
				Day(s)	
16. Whether probation is declared? [Write YES / NO] If the answer is YES, write the date of declaration of probation.					
17. *Have you availed admission under any of the Service Quota previously for undergoing P. G Course in any speciality? If so, furnish details. {See Clause VII (d) of the Prospectus}					

18. DECLARATION
(To be filled by all candidates)

I, hereby declare that, all the information furnished by me in the Application form are correct to the best of my knowledge and belief and that, I have read the conditions of admission to the **Master of Dental Surgery Course – 2009**, as contained in the Prospectus, and I agree to join the course to which selected and College to which allotted and shall not engage myself in private practice during the period of the course.

Place:

Date:

Signature of the Applicant

I. CERTIFICATE TO PROVE NATIVITY

[a] Certificate of Birth / Residence

(To be signed by a Village officer in Kerala State)

As per Clause IV [b] (i) & IX (C) (b) (1) of the Prospectus

CERTIFIED that, Shri/Smt is an applicant for admission to the Master of Dental Surgery [M.D.S.] Courses – 2009* and he/she his/ her father / mother, Sri/Smt. residing at..... House,Village,..... District, was born in Kerala.

***OR**

CERTIFIED that, Shri/Smt an applicant for admission to the Master of Dental Surgery [M.D.S.] Courses - 2009, has been a resident of Kerala State for a period of 8 years within a continuous period of 13 years.

Signature of the Village Officer/ Birth Registering authority :

Name :

Place:

Taluk :

Date:

District :

OR

[b]. Certificate regarding completion of BDS Course in Dental Colleges in Kerala.

(To be obtained from the Principal of the Dental College in Kerala where the candidate had undergone his/her BDS Course)

As per Clause IV [b] (ii) and IX [C] (b) (1) of the Prospectus

CERTIFIED that, Shri/Smt an applicant for admission to the Master of Dental Surgery [M.D.S.] Course - 2009, was a student of BDS Course in this Dental College, during the period from to

Signature of the Principal:

Name:

Place:

Name of the Institution:

Date:

(Office Seal)

* Strike out whichever is not applicable.

II. COMMUNITY CERTIFICATE

(For Scheduled Caste & Scheduled Tribe Candidates only)

As per Clause VI and IX (C) (b) [2] of the Prospectus.

1) This is to certify that Shri/Smt./Kumari Son/Daughter
of of House
..... Village/Town Taluk
..... District of Kerala State belongs to the Caste/*Tribe which is
recognized as a Scheduled Caste/Scheduled Tribe under:-

The Constitution Ammendment (Scheduled Castes) Order, 1950
The Constitution Ammendment (Scheduled Tribes) Order, 1950
(as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002)

Certified that Shri/Smt./Kumari (name of person) Son/daughter of
..... of House
..... Village/ Town Taluk
..... District is a member of Malai Araya Christian family converted to Christianity from
Hindu Malai Arayan Community, which is included in the list of Scheduled Tribes.

2. Shri/Smt./Kumari and his/her* family
ordinarily reside(s) in Village/Town, of
..... District of Kerala State.

Signature of Tahsildar :

Place :

Name :

Date :

(Seal of Office)

.....
* Please delete the words/clause which are not applicable.

- Note:
1. The term ordinarily resides used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
 2. In case of X'ian converts from S.C who have subsequently embraced Hinduism should get the following certificate recorded by the 'Tahsildar' below the community Certificate. "The certificate is issued after observing the guidelines issued in Government Circular no. 18421/E2/87/SC/ST/DD. Dated 15-12-1987"
 3. Issue of Community Certificate to Scheduled Caste / Scheduled Tribe will be regulated by Act II of the Kerala (Scheduled Caste & Scheduled Tribe) Regulation of Issue of Community Certificate Act 1996.
 4. Certificate to persons belonging to Malai Arayan Commuiny (S.T) converted to Christianity should be in this form.

III. CERTIFICATES FOR SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES

Note: (i) Son/daughter of inter- caste married couple, claiming SEBC reservation need produce only an 'inter-caste marriage certificate' form the Tahsildar concerned.
 (ii) If a candidate is a member of the Latin Catholic / Latin Christian community, he/she should obtain a Certificate from the Village officer to the effect that, the candidate belongs to Latin catholic Other than Anglo Indian or Latin Christian Other than Anglo Indian.

1. COMMUNITY CERTIFICATE

CERTIFIED that, Shri / Smt / Kum.son / daughter
 of Shri / Smt , residing atHouse,
 Village, Taluk,
 District of Kerala State, belongs to
 caste, religion, which is included as Socially and Educationally Backward Class
 as per G.O.(P) 208/66, dated: 02-05-1966 and subsequent amendments, thereof.

Signature of the Village Officer:

Place:

Name:

Date :

Designation and Address:

(Office Seal)

2. INCOME CERTIFICATE

നമ്പർ: വില്ലേജ് ഓഫീസ് :
 തീയതി :
 ജില്ലയിൽ താലൂക്കിൽ വില്ലേജിൽ
 വീട്ടിൽ ശ്രീ /ശ്രീമതി

തീയതി സമർപ്പിച്ച അപേക്ഷയിൽ* ന് വേണ്ടി ഒരു വരുമാന സർട്ടിഫിക്കറ്റ് ആവശ്യപ്പെട്ടിരുന്നു. ടിയാന്റെ വാർഷിക കുടുംബ വരുമാനം രൂപയാണെന്ന് പ്രസ്താവിച്ചിട്ടുണ്ട്. എന്റെ അന്വേഷണത്തിൽ ബോധ്യപ്പെട്ടതനുസരിച്ച് ടിയാന്റെ വാർഷിക കുടുംബ വരുമാനം താഴെ കാണിച്ചിരിക്കുന്ന പ്രകാരമാണെന്ന് ഞാൻ ഇതിനാൽ സാക്ഷ്യപ്പെടുത്തുന്നു. കുടുംബത്തിലെ അംഗസംഖ്യ..... ആണ്. അതിൽ ജോലിയുള്ളവർഉം പഠിക്കുന്നവർഉം ജോലി ഇല്ലാത്തവർഉം ആണ്.

ആദായ മാർഗ്ഗങ്ങൾ	ഭൂമിയിൽ നിന്നുള്ള ആദായം	ശമ്പളം/പെൻഷൻ (കുടുംബ പെൻഷൻ ഒഴികെ) **	കച്ചവടം	കുലിവേല	വിദേശത്ത് ജോലിയുള്ളവരുടെ വരുമാനം	വാടക	മറ്റിനം	ആകെ
അംഗങ്ങൾ								
അച്ഛൻ								
അമ്മ								
മക്കൾ								

മൊത്തത്തിലുള്ള തുക അക്കത്തിൽ :
 അക്ഷരത്തിൽ :
 മൂന്നു കുട്ടികളിൽ കുടുതലുള്ളവരുടെ കാര്യത്തിൽ കുടുതലുള്ള കുട്ടികൾക്ക് :
 കുറവു ചെയ്യേണ്ട തുക
ബാക്കി തുക: അക്കത്തിൽ :
 അക്ഷരത്തിൽ :

ഒപ്പ് :
 ആഫീസ് മുദ്ര പേരും ഉദ്യോഗപ്പേരും :

* ആരുടെ ആവശ്യത്തിനാണ് വ്യക്തമാക്കണം
 ** സ്ഥിര ശമ്പളക്കാരായ ഉദ്യോഗസ്ഥരുടെ കാര്യത്തിൽ അടിസ്ഥാന ശമ്പളത്തോടൊപ്പം നിലവിലുള്ള ഡി.എ. കൂടി കണക്കിലെടുത്താകണം വാർഷിക കുടുംബവരുമാനം കണക്കാക്കേണ്ടത്.

INSTRUCTIONS TO FILL IN THE APPLICATION FORM

The Application Form is common for all candidates applying under various Quotas, including Service candidates.
Please read the instructions carefully before filling up the Application Form.

1. Put a “**X**” mark in the relevant column, as applicable.
2. Write your name in BLOCK letters, beginning from the first column, with one letter in a box and initials at the end of name.
3. Write your contact Telephone number with STD Code / Mobile number if any.
4. Write your date of Birth in Christian era (Insert one number in a box) and also write the completed age in years as on 30.04.2009. Also attach copy of relevant certificate.
5. Write your complete postal address in BLOCK letters with Pin code. Affix your recent passport size photograph in the space provided and sign over with half the signature on the photograph and half outside it. Also affix a similar photograph on the Computer Data Sheet, on page no. 7 (Do not sign over this photograph)
6. **CERTIFICATE TO PROVE NATIVITY:** This is to be obtained by all candidates applying under General Merit Quota Seats in the format (1(a)/1(b) given on page no. 3 of the Application form itself. {As per Clauses IV (b) (i) to (iii) and XI (C) [b] (1) of the Prospectus }
NOTE: Service candidates applying only under Service Quota seats need not obtain this certificate. But, those Service candidates applying under General Merit Quota seats also, have to obtain the Nativity Certificate on page number 3, of the application form.
7. **COMMUNITY CERTIFICATE** should be obtained on page no. 4 of the application form by General and Service candidates belonging to **SC/ST Communities.** {As per Clauses VI (i) to (vi) and IX C (b) (2) of the Prospectus}.
8. Candidates belong to Socially and Educationally Backward Classes (**SEBC**) having annual family income not exceeding Rs. 2, 50,000/- should obtain Community and Income Certificate from the Village Officer concerned in page number 5 of the Application form itself. {As per clause, IX C (a)6 of the Prospectus}.
9. **DETAILS OF APPLICATION FEE:** (General Quota only: **Rs.1000/-**; General & Service quota: **1000/-**).
(SC/ST candidates: **Rs.500/-**, if applying for a single quota) Write the amount, DD number and date under item no. 9, of the Application Form).
10. **DETAILS OF QUALIFYING EXAMINATION PASSED:**
[a] Write the total marks secured for all the years and the maximum marks. Attach self attested copies of the B.D.S. (Degree/Pass) Certificate and Mark lists (for all the years). {As per Clauses IV (a) (i), IX C (a) (2) and IX C (a) (6) of the prospectus}.
[b] Write the Register No., month and year of passing. [c] Write the name of the University from which the BDS Degree has been received. See clause IX C (c) (1)
11. **Applicants shall have completed one year compulsory rotatory House Surgery on 30.04.2009. Write the date of completion of the Compulsory Rotatory House Surgery, in case of those who have completed it and also attach a copy of the same.** HOUSESURGEONCY CERTIFICATE: In case of candidates undergoing internship in the Dental Colleges, a certificate from the principal concerned to the effect that, the applicant will complete Internship by **30.04.2009**, should be obtained and attached to the Application form. {As per Clauses IV (a) and IX (C) (a) [3] of the Prospectus}.
12. **KERALA DENTAL COUNCIL REGISTRATION CERTIFICATE:** Candidates already having Registration should write the Registration Number and the Certificate may be produced at the time of Counselling as per Clauses IV [a] and IX [C] [c] [2].
13. Put “**X**” mark in the column given against the relevant category of Service candidates as applicable.
14. Write the name of the Institution and the Department under which the candidates is working.
15. Write the total length of service as on 31.12.2008.
16. Write whether probation is declared. If the answer is YES, write the date of declaration of probation.
17. If admitted to any MDS course earlier under service quota, give details of admission or else write NA.
18. **DECLARATION:** All candidates have to fill the declaration and sign it.
19. Applications of General candidates and those Service candidates applying under general quota also, duly filled in together with the Demand Draft and all other documents should reach the **Commissioner for Entrance Examinations, Housing Board Buildings, Vth Floor, Santhi Nagar, Thiruvananthapuram- 695 001**, before 5 pm on **09.01.2009** (Friday)

NOTE: Those applying under Service Quota only should send the application to the (DME / DHS) on or before 5 pm on 09.01.2009. (See clause VIII (B) (iv) of the prospectus).
Service candidates who apply under general category also should send a copy of their application to DME/DHS, before 5 pm on 09.01.2009. (See clause VIII (B) (iv) of the prospectus).



[**Roll Number** :Will be given by the office]

COMPUTER DATA SHEET

[To be filled and returned with the Application Form]

APPLICATION NUMBER	WRITE BELOW YOUR COMPLETE MAILING ADDRESS INCLUDING YOUR NAME IN BLOCK LETTERS [Write in Black Ink, using Ball point pen]	Do not sign over the PHOTOGRAPH
[Will be given by the office]	PASTE (DO NOT STAPLE) A RECENT PASSPORT SIZE PHOTOGRAPH
SIGNATURE OF THE CANDIDATE Pin Code	

Note: Read the instructions given below for correctly filling up the data sheet completely. Please insert one letter/number in a box.

Boxes:

- 1- 23: Write your name beginning from Box 1 and your initial(s) at the end of your name, leaving one box blank after name.
- 24-31: Write your date of birth.
- 32-33: Write your age in completed years as on **30.04.2009**.
- 34-41: Write the TOTAL marks secured and MAXIMUM marks (For all years together) of the **B.D.S.** Exam.
- 42-43: If you belong to SC/ST Communities, Write **SC** or **ST**; if under **SEBC**, write **SB** or else write **GM** (General Merit).
- 44-46: Write '**GEN**' if applied under General Merit Quota only, '**SER**' if applied under Service Quota only and '**SAG**' if applied under both Service and General Merit Quotas.
- 47-48: Write '**LQ**' if applying under Lecturer Quota or write '**DQ**' if applying under 'Dental Surgeon's Quota' or else write '**NA**'.

<i>Name in CAPITAL letters – Initials at the end of Name</i>																						
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23

<i>Date of Birth</i>							
<i>Day</i>		<i>Month</i>		<i>Year</i>			
24	25	26	27	28	29	30	31

<i>Completed Age as on 30.04.09</i>	
32	33

<i>Marks of BDS Examination</i>							
<i>Marks secured</i>				<i>Maximum marks</i>			
34	35	36	37	38	39	40	41

<i>Community</i>	
SC/ST/SB/GM	
42	43

GEN / SER / SAG		
44	45	46

<i>Service category</i>	
LQ / DQ / NA	
47	48

For office use only	
Data entered:	Data verified:

**SEE ANNEXURE I,
FOR SERVICE CANDIDATES
ON PAGE No. 9**

ANNEXURE I

DETAILS TO BE FURNISHED BY THE HEAD OF THE DEPARTMENT

(Director of Medical Education / Health Services)

1. Name of the Applicant with designation			
2. Kerala Public Service Commission Advice number and date [<i>If there are more than one candidate in the advice list, quote the rank number of the candidate in the advice list</i>].			
3. Name of the Quota under which admission is sought.			
4. Rank assigned in the above Quota [<i>For Service Candidates only</i>]			
5. Total length of service in the category under which admission is sought. (As on 31-12-2008) [<i>Period of Leave Without allowance/unauthorised absence if any, should be excluded</i>]			
	Year(s)	Month(s)	Day(s)
6. Date of declaration of probation of the applicant. [<i>If declared, enclose copy of the order</i>]			
7. Whether any disciplinary action is pending against the applicant? [<i>If so, append details</i>].			
8. Whether the applicant has availed the benefit of reservation for undergoing M.D.S. Course under any speciality earlier? If so, give details. { <i>See Clause VII [c] for details</i> }			

The particulars furnished above have been verified and found correct.

Signature of the Head of the Department:

Name :

Designation:

Place:

Date : (Office seal)

NOTE: THIS ANNEXURE NEED NOT BE SENT TO THE COMMISSIONER FOR ENTRANCE EXAMINATIONS, ALONG WITH THE ORIGINAL APPLICATION.

THIS HAS TO BE ATTACHED ALONG WITH THE COPY OF THE APPLICATION FORM SENT TO THE CONTROLLING OFFICER CONCERNED BY ALL SERVICE CANDIDATES.