

**OFFICE OF THE CHAIRMAN,  
NEET PG MEDICAL & DENTAL ADMISSION / COUNSELING BOARD-2017  
AND PRINCIPAL & CONTROLLER, SMS MEDICAL COLLEGE  
& ATTACHED HOSPITALS, JAIPUR**

State Medical/Dental PG Seats Allotments-2017

**REGISTRATION FORM**

For already registered candidate

Registration ID (State) :

Affix photo

**Stream** : Dental

**Name** : Dr. \_\_\_\_\_

**Date of Birth** : \_\_\_\_\_

**Gender** : Male / Female

**Father's Name** : \_\_\_\_\_

**Mother's Name** : \_\_\_\_\_

**Present Address** : \_\_\_\_\_

**Permanent Address** : \_\_\_\_\_

**Residence Phone** : STD Code \_\_\_\_\_ Phone no. \_\_\_\_\_

**Cell No.** : \_\_\_\_\_ **Alternate Cell No.:** \_\_\_\_\_

**email ID** : \_\_\_\_\_

**Domicile State** : \_\_\_\_\_

**Nationality** : \_\_\_\_\_

**Category** : GEN / OBC CL / OBC NCL / SC / ST /ST-STA

**PH (PWD)** : Yes/ No                      If yes, tick disability %: 40-50% / 50-70% / other

**Qualification Details**

**Name of university** : \_\_\_\_\_

**Name of college from where passed BDS course** : \_\_\_\_\_

**Name of city from where passed BDS course** : \_\_\_\_\_

**Name of state from where passed BDS course** : \_\_\_\_\_

**Name of country from where passed BDS course** : \_\_\_\_\_

**No. of attempt(s) in final BDS** : \_\_\_\_\_

**Marks obtained (final year BDS)** : \_\_\_\_\_

**Total maximum marks (final year BDS)** : \_\_\_\_\_

## Service details

Service category : Non-service / In-Service  
Working with Rajasthan (if In-Service) :  
Designation :  
Name of employer :  
Place of present posting :  
District of present posting :

### Declaration :

I declare that the above entries in the Information Form have been filled up by me personally and the entries made are correct to the best of my knowledge and belief. I agree that if any statement/information is proved to be false then the Board shall have the right to take legal action against me for submitting false information and my candidature to the Course shall automatically stand cancelled.

I have gone through all the rules, information, instructions of the notification and I promise to abide by them.

I fulfill the prescribed eligibility criteria relating to educational qualification etc. for the course(s) I am applying for.

Applicant's signature (in box)

Place :

Name of Applicant

Date :

### Enclosures (as applicable):

1. Allotment Letter (to be provided after allotment)
2. NEET PG-2017 score sheet
3. Demand Draft in Favor of "RMRS SMS Hospital (College Share)", Payable at Jaipur (if applicable)
4. Accepted resignation from the institution you are pursuing studies at present or from the college allotted through any other counseling including All India PG counseling
5. Mark sheet(s) and degree / provisional certificate of UG examination
6. Class 12 / senior secondary marksheet
7. Date of Birth Certificate: 10th class certificate or any other equivalent certificate showing the date of birth / Mark sheet of secondary examination (10th class)
8. Photo ID (driving license / PAN card / Voter ID / Govt. or PSU card / Aadhar card / Passport)
9. 4 Passport size photo same as affixed on information form
10. Domicile certificate
11. Internship completion certificate
12. Attempt certificate of UG examination
13. Surety Bond (as per the proforma available at the website)
14. Valid Caste certificate issued by competent authority (if applicable)
15. In-service certificate issued by competent authority (if applicable)
16. Disability certificate issued by competent authority (if applicable)
17. N.O.C from present employer (if applicable)
18. Any other relevant certificate(s) / document(s)