Ack No. ..... Application Form No. .....

DENTAL COLLEGE

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004

(An Autonomous Institute under the Ministry of Health & Family Welfare , Govt. of India)

APPLICATION FORM FOR MDS COUNSELLING FOR ADMISSION FOR THE SESSION - 2026

The candidate should fill in the application form with his/her own handwriting.

Affix one recent passport size photograph with white background here duly signed by the Candidate and attested on the front side by a Gazetted Officer with Official Seal

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

NEET- MDS 2026 Score.....

NEET – MDS 2026 Rank.....

Name of the attesting Officer : .....
(in block letters)

Designation : .....

Seal :

I hereby apply for the Counselling for admission to the MDS course in the Dental College, RIMS, Imphal for the session 2026 under the category given below:
Tick (✓) the relevant box/boxes if applying for more than one category.

A) Institutional Open (RIMS Dental College Graduates) ☐

C) In-Service Sponsored ☐

I am submitting herewith the following particulars in support of my application.

1. ....
(Name) *(Middle name)* *(Surname)*

2. Date of Birth : ..... Nationality .....

4. General / ST /SC / OBC / EWS : ..... Gender : .....

5. Father's Name : .....

Occupation : .....

6. Mother's Name : .....

Occupation : .....

7. Address : (In Block Letters)

a) Permanent Address : .....
(Please indicate pin code)

.....

b) Postal Address: .....
(Please indicate pin code)

.....

.....

c) Contact information :
Mobile/Phone No. (including STD Code) : .....

E-mail Address : .....

8. State of domicile of the candidate: .....

9. (a) Name of the College from which
BDS Examination was passed: .....

(b) Name of the University from which
BDS Examination was passed. .....

(c) Year of admission to BDS Course : .....

(d) Year of passing final BDS Exam. : .....

(e) <u>No. of Attempt taken to pass</u> : 1st year : .....

2nd year : .....

3rd year.....

4th year.....

10. Year and month of completion of Internship: .....

11. Permanent Dental Registration No. & Date with Name of the Dental Council:

.....

12. If in-service :

Name of the State: :.....
Name of the Organization / Department:.....

Period : from : ..... to .....

(Appointment order from the concerned Government authority should be enclosed)

I hereby declare that the application form has been filled in with my own handwriting and the information given in the application form is correct. I, further, declare that I have read the information bulletin and shall abide by the rules and regulations of the Institute. I will be present for verification of my original documents at the time of joining. I also understand and agree that at any stage, if any of the information furnished by me is found incorrect, my admission shall be cancelled.

I agree to undergo the course on a full time basis and shall not engage myself in private practice during the period.

Place : ..... Signature of the Candidate

Date : .....

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER (A)

(only for in-service sponsored candidates)

1. Certified that Dr. (Mr./Miss/Mrs.) : .....
is sponsored for undergoing training leading to the award of MDS at the Dental College, RIMS, Imphal for the session – 2026. He/She will be relieved, if selected, within the prescribed time as notified by the University.

2. Dr. .....
is a permanent employee of ..... w.e.f.....
and after getting the training at Dental College, RIMS, Imphal, he/she will be suitably employed by the sponsoring authority to work in the speciality in which training is being provided.

3. The candidate shall not be paid any emolument by the Dental College, Regional Institute of Medical Sciences, Imphal during the entire training period. Such payment will be borne by the sponsoring authority.

4. Incentives @10% of the marks obtained for each year in service in remote/difficult/rural area upto a maximum of 30% of the marks obtain as per the guidelines of NDC, if any, may be awarded by the sponsoring authority.

5. Certificate of service in remote/difficult/rural area need to be enclosed.

Signature : .....
(sponsoring authority)

Name : .....
(In block letters)

Place: .....

Designation: .....

Dated: .....

Organization: .....
(with office seal)

Please Note :

i) **Candidate who is appointed on temporary/contract or adhoc basis shall not be considered under the In-service Sponsored category.**

ii) **Only the above certificate duly signed by the "Sponsoring Authority" will be considered.**

iii) **No addition or alteration in the above certificate is allowed.**

iv) **The sponsoring authority means the appointing authority unless otherwise stated.**

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER (B)
(for in-service candidate applying in Open category)

Certified that Dr.(Mr./Miss/Mrs.) :.....
is serving as..... in the Department of .....
..... since..... He/She will be relieved, if selected, for the postgraduate course within the stipulated time for admission. To the best of my knowledge, he/she bears a good moral character.

Signature : .....

Name : .....
(In block letters)

Place : .....

Designation : .....

Dated : .....

Office seal :

DECLARATION OF THE LEGAL GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all dues payable to Dental College, RIMS, Imphal in respect of my son/daughter/ward/wife ..... during the period of his / her study at Dental College, RIMS, Imphal and hereafter until the accounts are cleared.

.....
Signature of the Legal Guardian

Place : .....

Address : .....

Dated : .....

.....

(To be attested by a Gazetted Officer)

**Legal Guardian may be parents, spouse, or close relatives, who can take responsibility of the candidate's actions.*

DENTAL COLLGE

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004

(An Autonomous Institute under the Ministry of Health & Family Welfare , Govt. of India)

Affix one recent passport size photograph here

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of completely filled in prescribed form for joining the counselling for admission to MDS Postgraduate Courses - 2026 in the Dental College, RIMS, Imphal for the session 2026. The receipt of this slip does not automatically qualify a candidate to join the counseling or for admission.

Acknowledgement Number (Ack No.) : .....

Name of the Candidate: _____
(full name in Block letters)

Signature of the Candidate: _____

Date of submission of form

Date	Month	Year

Permanent address of Candidate: _____

_____

_____

Contact No. of Candidate: _____

Officer-in-charge,
MDS Selection Committee - 2026
Regional Institute of Medical Sciences,
Imphal – 795004

Signature of Counseling officials with date

1st round Counselling	
Any subsequent counselling	