Documents for MDS admission

For a candidate allotted an MDS seat through MCC, the following documents should be kept ready in original with **self attested photocopies:**

1. MCC NEET-MDS 2026 allotment letter
2. NEET-MDS 2026 admit card
3. NEET-MDS 2026 scorecard/result
4. BDS degree certificate
5. BDS marksheets — all years/professional examinations
6. BDS internship completion certificate
7. Permanent Dental Registration Certificate issued by the State Dental Council/Dental Council of India (NDC) as applicable
8. Class 10 certificate — for date of birth
9. Class 12 certificate/marksheet
10. Valid photo ID and Address Proof - preferably Aadhaar/Passport/Driving Licence etc.
11. Recent passport-size photographs 04 No.
12. Category certificate, if applicable
13. PwD certificate, if claiming PwD reservation
14. Migration certificate.
15. Character Certificate.

BOND
(Total value of Rs. 100/-Stamp Paper*)
(FOR MDS STUDENTS)

TO KNOW ALL MEAN BY THESE PRESENTS THAT We, _____ _____ son/daughter/wife of _____ residing at _____ (herein-after called the Executor) and (I) Shri _____ (Parents/Guardian) residing at _____

_____

(hereinafter called 'the surety') do hereby bind ourselves and each of us, our and each of our heirs, executors and administrators jointly and severally to pay to the Jamia Millia Islamia (A Central University by an Act of Parliament) (hereinafter referred to as 'the University') on demand the total amount of **Rs. 10,00,000/- (Rupees Ten lakhs only)** with 15% interest (till realisation) as fixed by the University, in case the Student/Executor of this Bond leaves, resigns from, or withdraws from the MDS course at any stage in violation of the admission rules/guidelines of the Medical Counselling Committee (MCC) or leaves the MDS course before successful completion of the course, for any reason. This Bond is irrevocable.

Signed this _____Day of _____, 20___ by bounden Shri/Smt/Miss _____.

Signature

In the presence of Witness*:

Signature

1.....
.....
.....
.....
(Name & Address)

Signature

2.....
.....
.....
.....
(Name & Address)

*(Residential Address with proof is compulsory)

1.Signed by Executor

Signature

.....
.....
.....
.....
(Name & Address)

2.Signed by the Surety

Signature

Shri/Smt.....
.....
.....
.....
(Name & Address)

WHEREAS the Bounden..... has been selected to undergo MDS course in Faculty of Dentistry, Jamia Millia Islamia (A Central University), in merit quota for the duration of the course as prescribed by National Dental commission erstwhile Dental Council of India.
AND WHEARAS, the candidates have agreed to complete his/her said course at the said college subject to the condition hereinafter appearing.

NOW THEREFORE, this agreement witnesses and it is hereby agreed as follows:

Candidates who discontinue the MDS Course after taking admission in Faculty of Dentistry, Jamia Millia Islamia, will have to pay a sum of **Rs. 10,00,000/- (Rupees Ten Lakhs only)** in the following events:

- If the candidate leaves, resigns from, or withdraws from the MDS course at any stage in violation of the admission rules/guidelines of the Medical Counselling Committee (MCC).
- If the candidate discontinues or leaves the MDS course before successful completion of the course, for any reason whatsoever.
- Any sum falling due from the candidate under this agreement shall be recovered from him/her as an arrear.
- If any dispute shall arise between the parties hereto in respect of this agreement or any of the provisions herein contained or anything arising hereunto, the same shall be referred to the arbitration of the Registrar, Jamia Millia Islamia whose decision thereon shall be final binding on the parties.
- The Bounden/Witnesses shall bear the cost of stamp duty payable in respect of this agreement if required.

Now the condition of the above written obligation is that in the event the Bounden after successful completion of the admission of MDS Course of study to which he/she was selected, leaves the said Course, the Bounden and sureties shall forthwith pay to University for violation of condition, on demand the total amount of Rs. 10,00,000/- (Rupees Ten Lakhs only). On the quantum of amount payable by the Bounden and the sureties, the decision of the University shall be final and legally binding on the bounden and sureties and upon the payment of such sum the above written obligation shall be discharged.

PROVIDED further that the bounden and the surety do hereby agree that all sums found due to the University under or by virtue of this bond shall be recovered jointly and severally from them and their properties movable and immovable as if such dues were arrears of land revenue under the provision of the Revenue Recovery Act for the time being in force or in such other manner as the University may deem fit.

The liabilities of the sureties under this Bond is Co-extensive with that of the Bounden and shall not be affected by the University giving time or any other indigence to the bounden or by the university varying of the terms and conditions herein contained.

Signed this _____ Day of _____, 20__ by bounden Shri/Smt/Miss_____
___.

Signature

In the presence of Witness*:

Signature

1.....
.....
.....
(Name & Address)

Signature

2.....
.....
.....
(Name & Address)

*(Residential Address with proof is compulsory)

1. Signed by Executor

Signature

.....
.....
.....
(Name & Address)

2.Signed by the Surety

Signature

Shri/Smt.....
.....
.....
(Name & Address)

AFFIDAVIT OF GAP

I _____ (Name of Student) S/o / D/o_____
_____ residing at _____
_____
do hereby solemnly affirm and state as follows:

1. That I am resident of above mentioned address.
2. That I have successfully passed _____ (Name of Degree/Qualification passed) in _____ (Month & Year of Passing) from _____ (Name of college /University/Institution attended).
3. That I, to state further, have not joined/ attended any other school/college/ University/ Institution since passing out due to _____ (Reason for gap).

   (or)

   That I was working as an employee of _____ (Company name) under the designation of _____ (Position in company) from _____ to _____.
4. That the duration of the gap period is from _____ to _____.
   The details of the gap period are as follows:

GAP PERIOD	REASON FOR GAP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. That, in the course of this gap period, I was neither involved nor assisted any activity barred under the law.
6. That there is no criminal case pending against me in any court of law.

Place:
Date:

Signature of deponent (Student)

VERIFICATION:

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or mis-stated therein.If at any time in the future, the stated facts are found not to be true, then I will take full responsibility for the cancellation of my admission.

Place:
Date:

Signature of deponent (Student)

UNDERTAKING
(For MDS 2026–27)

I, _____ S/o/D/o _____ Resident of _____

have been allotted admission to MDS in _____

at Jamia Millia Islamia through MCC NEET-MDS Counselling.

I hereby undertake to abide by the following till completion of MDS course:

1. I certify that all documents submitted by me are genuine and correct. I have produced the required original certificates/documents for verification and undertake to produce any additional document required by MCC/Jamia Millia Islamia.
2. I confirm that I fulfill all eligibility requirements prescribed for admission to MDS and possess the required BDS qualification, internship completion and valid dental registration, as applicable.
3. I undertake that I shall neither indulge in nor encourage, abet or participate in any form of ragging, harassment, violence or misconduct. I shall comply with the applicable anti-ragging regulations and all disciplinary rules of Jamia Millia Islamia and UGC.
4. I undertake to maintain 80% of attendance prescribed by National Dental Commission (NDC) and Jamia Millia Islamia (JMI). I understand that failure to fulfill the prescribed attendance requirement may affect my eligibility for examination and continuation in the programme.
5. I undertake that I shall be punctual of time and regularly participate in all lectures, seminars, demonstrations, clinical postings, patient-care activities, departmental duties, examinations and other academic/clinical requirements prescribed for the MDS programme. I shall maintain professional conduct and patient confidentiality at all times.
6. I undertake to complete my dissertation/research work in accordance with the applicable JMI MDS Ordinance, JMI regulations and instructions of my Department/Research Supervisor, and to submit the required protocol, ethical approvals, periodic progress reports and final dissertation within the prescribed timelines.
7. I undertake to pay all tuition fees, examination fees, hostel fees, laboratory/clinical charges and other University dues within the prescribed time. I understand that non-payment of dues may attract action under the applicable University rules.
8. I undertake that I shall not participate in or associate myself with any strike, unlawful agitation, disruption of academic or administrative activities, or any activity prejudicial to the interests, discipline, peace and functioning of Jamia Millia Islamia.

9. I undertake that during the period of my MDS course at Jamia Millia Islamia, I shall not engage in or undertake any private practice, clinical work, consultancy, or professional activity in any private clinic, hospital or other healthcare establishment, whether paid or unpaid.
10. I undertake to abide by the Act, Statutes, Ordinances, Regulations, Rules, notifications and decisions of Jamia Millia Islamia, as well as applicable rules/regulations of the competent statutory authorities, as amended from time to time.
11. I understand that if any document or information furnished by me is found to be false, forged, incorrect or misleading, or if I am subsequently found ineligible, or if I violate applicable MCC/University/statutory rules, my admission may be cancelled and appropriate action may be taken in accordance with the applicable rules.

DECLARATION: I have read and understood the above conditions and undertake to comply with them throughout my MDS course. I understand that this undertaking is in addition to, and does not supersede, the applicable MCC counselling conditions and JMI rules.

Name of Student: _____ MDS Specialty: _____

Mobile No: _____ Email ID: _____

Father's Name: _____ Mobile No: _____

Tel: (Res.) _____ Tel: (OFF.) _____ Email ID: _____

Present Address: _____

Local Guardian's Name: _____ Mobile No: _____

Address: _____

Signature of Student **Signature of Parent/Guardian**

VERIFICATION

Verified that the contents of this affidavit are true and correct to the best of my knowledge and belief. No part of this affidavit is false and nothing material has been concealed or misstated therein.

Verified at New Delhi on this _____ day of _____, **20____**.

DEPONENT