



GOVERNMENT OF HIMACHAL PRADESH
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH
HIMACHAL PRADESH

PROSPECTUS
ACADEMIC SESSION 2018-20

FOR ADMISSION TO

DIPLOMA COURSE IN DENTAL HYGIENISTS

DIPLOMA COURSE IN DENTAL MECHANICS

AT

H.P. GOVERNMENT DENTAL COLLEGE & HOSPITAL, SHIMLA

HIMACHAL DENTAL COLLEGE & HOSPITAL, SUNDERNAGAR, MANDI

BHOJIA DENTAL COLLEGE & HOSPITAL, (BUDH) BADDI, SOLAN (HP)

**HIMACHAL INSTITUTE OF DENTAL SCIENCES PAONTA SAHIB,
SIRMOUR (HP)**

Website: www.hpgdcshimla.org

Fee Details:

- For General Category: **Rs.500/-**
- For SC/ST/OBC/IRDP/BPL categories: **Rs.400/-**

Last date for submission of Application Form 22nd September, 2018

IMPORTANT TENTATIVE DATES AND INSTRUCTIONS

1	Date of download of Prospectus from the official website of H.P. Govt. Dental College & Hospital, Shimla. Website: www.hpgdcshimla.org	4th September, 2018
2	Last date for receipt of Application Form at Principal, H.P. Govt. Dental College & Hospital, Shimla.	22nd September, 2018
3	Date of displaying the merit list (Category wise) on the college Notice Board and official website of HP,GDC, Shimla and DME&R, HP Shimla	25th September, 2018
4	Date of 1 st round counseling at H.P. Govt. Dental College & Hospital, Shimla	28th September, 2018
5	Last date of joining the allotted Course/College after 1 st counseling.	6th October, 2018
6	Date of 2 nd round counseling at H.P. Govt. Dental College & Hospital, Shimla	15th October, 2018
7	Last date of joining the allotted Course/College after 2 nd counseling.	20th October, 2018
8	Commencement of academic session	31st October, 2018
9	(i) Last date to which student can be shifted one Dental college to another dental college against the vacancy in order of merit-cum- choice of college. (ii) Last date up to which student can be admitted the vacancies arising due to any reason from the waiting list in order of merit-cum- choice of college.	31st October, 2018 31st October, 2018

Application form along-with required documents/certificates and Fee is to be sent so as to reach on the following address on or before the prescribed date as mentioned in the Prospectus to:

The Principal, H. P. Government Dental College & Hospital, Shimla-171001

IMPORTANT INSTRUCTIONS

Please read the following instructions carefully:

1. Prospectus -cum-Application form will be available at the **H.P. Government Dental College & Hospital, Shimla-171001**
Website: www.hpgdcshimla.org
2. The application forms are required to be submitted complete in all respects. Incomplete/late submitted application forms will be summarily rejected.
3. No application/representation beyond the provisions of the prospectus shall be entertained or replied to.

TELEPHONE NUMBERS OF THE DENTAL COLLEGES

	Name of the Dental Colleges	Websites and E-mail	Phone No. & Fax
1	Director Medical Education & Research, HP, Shimla-9	Website: www.hp.gov.in/hpdmer Email: directorateme@yahoo.in	0177-2620733, 2624895 0177-2624895(Fax)
2	Principal, H. P. Govt. Dental College & Hospital, Shimla-1	Website: www.hpgdcshimla.org Email: hpgdcshimla@gmail.com	0177-2658838, 2652562 0177-2651483(Fax)
3	Principal, Himachal Dental College & Hospital, Sundernagar, Distt. Mandi (HP)	Website: www.hdc.ac.in Email: admin@hdc.ac.in	01907-267183, 267163 01907-266093(Fax)
4	Principal, Bhojia Dental College & Hospital,(Budh) Baddi, Distt. Solan (HP)	Website: www.bhojiamededu.com Email: bhojiadental@gmail.com	01795-244721, 246921 01795-246231(Fax)
5	Principal, Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmour (HP)	Website: www.hids.ac.in Email: hids.ps@gmail.com	01704-223298 01704-223726(Fax)

OBJECTIVE

DENTAL HYGIENISTS / DENTAL MECHANICS:

They are Primary Health care professionals who are given responsibility by the Dentist so that he/she can help the Dentist to render Dental care.

Dental Hygienist:

Dental Hygienist is a licensed primary health care professional, oral health educator and clinician who provides preventive, educational and therapeutics services supporting total health for the control of oral diseases and the promotion of oral health. He/She shall work under the supervision of Registered Dental Surgeon.

Dental Mechanic:

Dental Mechanic means a person who makes or repairs denture and Dental appliances. He/She shall restrict his/her activities to purely Mechanical laboratory work at the instance of the Registered Dental Surgeon.

Their utilization leads to increase in the amount of dental services that can be rendered. An addition of one properly trained personnel considerably increases the amount of services which the Dentist can provide. The basic principle lies in the assistance rendered to the Dentist by providing an extra pair of hands to enable him to work more effectively and efficiently.

1. INTRODUCTION AND INFORMATION REGARDING COLLEGE

The Director Medical Education & Research, H.P. on the terms and conditions as approved by Government of Himachal Pradesh for admission to the Diploma Courses in Dental Hygienists/Dental Mechanics which are available in H. P. Government Dental College & Hospital, Shimla-1, Bhojia Dental College & Hospital, [Bhud], Baddi, Distt. Solan Pvt. (HP), Himachal Dental College & Hospital, Sundernagar, Distt. Mandi Pvt.(HP) and Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmour Pvt.(HP) located in the State of Himachal Pradesh.

The H.P. Government Dental College & Hospital, Shimla-1 is affiliated to the Himachal Pradesh University, Shimla and recognized by the Dental Council of India and Ministry of Health & Family Welfare, Govt. of India, New Delhi, with intake capacity of 60 BDS and 17 MDS seats. The admissions are made to the Dental Hygienists & Dental Mechanics Diploma Courses as recognized by Dental Council of India and permitted by Government of Himachal Pradesh.

The Himachal Dental College & Hospital, Sunder Nagar, Distt. Mandi(HP) is a Privately managed Dental College, affiliated to the Himachal Pradesh University, Shimla and recognized by the Dental Council of India and the Ministry of Health & Family Welfare, Govt. of India, New Delhi, with intake capacity of 60 BDS and 27 MDS seats. The admissions are made to the Dental Hygienists and Dental Mechanics Diploma Courses as recognized by Dental Council of India and Government of Himachal Pradesh.

The Bhojia Dental College and Hospital [Budh], Baddi, Distt. Solan (HP) is a privately managed Dental College, affiliated to the Himachal Pradesh University, Shimla and recognized by the Dental Council of India and the Ministry of Health & Family Welfare, Govt. of India, New Delhi, with intake capacity of 60 BDS and 21 MDS seats. The admissions are made to the Dental Hygienists and Dental Mechanics Diploma Courses as recognized by Dental Council of India and Government of Himachal Pradesh.

The Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmour (HP) is a privately managed Dental College, affiliated to the Himachal Pradesh University, Shimla and recognized by the Dental Council of India and the Ministry of Health & Family Welfare, Govt. of India, New Delhi, with intake capacity of 100 BDS and 29 MDS seats. The admissions are made to the Dental Hygienists and Dental Mechanics Diploma Courses as recognized by Dental Council of India and Government of Himachal Pradesh.

2. DURATION OF COURSES IN THE DENTAL COLLEGE:

1. DIPLOMA COURSE IN DENTAL HYGIENISTS: 2 Years
2. DIPLOMA COURSE IN DENTAL MECHANICS : 2 Years

3. COLLEGEWISE COURSES AND TOTAL NUMBERS OF SEATS:

Sr. No.	Name of the College	Name of the Course	Total No. of Seats	State Quota Seats	Mangt. Quota Seats
1	H. P. Govt. Dental College & Hospital, Shimla	Dental Hygienists	20	20	---
		Dental Mechanics	20	20	---
2	Bhojia Dental College & Hospital, Bhud (Baddi) Nalagarh, Distt. Solan (HP)	Dental Hygienists	10	05	05
		Dental Mechanics	10	05	05
3	Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmour (HP)	Dental Mechanics	10	05	05
		Dental Hygienists	10	05	05
4	Himachal Dental College & Hospital, Sundernagar, Distt. Mandi (HP)	Dental Mechanics	10	05	05
TOTAL			90	65	25

STATUS OF THE COLLEGES:

Sr. No.	Name of the Dental Colleges	Status
1	H. P. Government Dental College & Hospital, Shimla-1	Recognized by Dental Council of India
2	Himachal Dental College & Hospital, (Pvt.) Sundernagar, Distt. Mandi (HP)	Recognized by Dental Council of India
3	Bhojia Dental College & Hospital, (Budh) Baddi, (Pvt.) Distt. Solan (HP)	Recognized by Dental Council of India
4	Himachal Institute of Dental Sciences (Pvt.) Paonta Sahib, Distt. Sirmour (HP)	Recognized by Dental Council of India

CATEGORY AND INSTITUTION-WISE DISTRIBUTION OF SEATS FOR **STATE QUOTA DENTAL HYGIENIST DIPLOMA COURSE** FOR THE ACADEMIC SESSION 2018-2019

1. H.P. Government Dental College and Hospital, Shimla: Total seats=20

Sr.No.	Category	GEN	SC	ST	OBC
1	General	9	2	-	2
2	Ward of Ex. Service Man	1	1	-	1
3	Physically Handicapped	-	1	-	-
4	IRDP	1	-	1	1
Total		11	4	1	4

2. Bhojia Dental College & Hospital (Budh) Nalagarh, Distt. Solan (HP): Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	2	1	1	-
2	IRDP	-	-	-	1
Total		2	1	1	1

4. Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmour (HP): Total Seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	1	1	-	1
2	Ward of Ex. Service Man	1	-	-	-
3	IRDP	1	-	-	-
Total		3	1	-	1

CATEGORY AND INSTITUTION WISE DISTRIBUTION OF SEATS FOR **STATE QUOTA DENTAL MECHANIC DIPLOMA COURSE** FOR THE ACADEMIC SESSION 2018-19

1 . H.P. Government Dental College and Hospital, Shimla: Total seats=20

Sr.No.	Category	GEN	SC	ST	OBC
1	General	7	3	1	3
2	Ward of Ex. Service Man	2	1	-	-
3	IRDP	2	-	-	1
	Total	11	4	1	4

2. Himachal Dental College & Hospital, Sunder Nagar, Distt. Mandi (HP) Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	3	-	-	-
2	Ward of Ex. Service Man	-	-	-	1
3	IRDP	-	1	-	-
	Total	3	1	-	1

3. Bhojia Dental College & Hospital (Budh) Nalagarh, Distt. Solan (HP) Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	2	1	-	-
2	Ward of Ex. Service Man	1	-	-	-
3	Physically Handicapped	-	-	-	1
	Total	3	1	-	1

4. Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmaour (HP) Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	1	1	-	1
2	Ward of Ex. Service Man	-	-	1	-
3	IRDP	1	-	-	-
	Total	2	1	1	1

CATEGORY AND INSTITUTION-WISE DISTRIBUTION OF SEATS FOR **50% MANAGEMENT QUOTA DENTAL HYGIENIST DIPLOMA COURSE** FOR THE ACADEMIC SESSION 2018-19

1. Bhojia Dental College & Hospital (Budh) Nalagarh, Distt. Solan (HP): Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	3	1	-	-
2	IRDP	-	-	-	-
3	Physically Handicapped	1	-	-	-
	Total	4	1	-	-

2. Himachal Institute of Dental Sciences Paonta Sahib, Distt. Sirmour (HP): Total Seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	1	1	-	1
2	Ward of Ex. Service Man	1	-	-	-
3	IRDP	1	-	-	-
	Total	3	1	-	1

CATEGORY AND INSTITUTION WISE DISTRIBUTION OF SEATS FOR **50% MANAGEMENT QUOTA DENTAL MECHANIC DIPLOMA COURSE** FOR THE ACADEMIC SESSION 2018-19

1. Himachal Dental College & Hospital, Sunder Nagar, Distt. Mandi (HP) Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	3	1	-	-
2	IRDP	-	-	-	-
3	Physically Handicapped	1			
	Total	4	1	-	-

2. Bhojia Dental College & Hospital (Budh) Nalagarh, Distt. Solan (HP) Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	1	1	-	1
2	Ward of Ex. Service Man	1	-	-	-
3	IRDP	1	-	-	-
	Total	3	1	-	1

3. Himachal Institute of Dental Sciences, Paonta Sahib, Distt. Sirmaour (HP)

Total seats=05

Sr.No.	Category	GEN	SC	ST	OBC
1	General	2	-	-	1
2	Ward of Ex. Service Man	-	1	-	-
3	IRDP	1	-	-	-
	Total	3	1	-	1

DEFINITIONS OF:

- I. **Bonafide Himachali:** The certificate of Bonafide Himachali issued during the year concerned of the admission and issued by the competent authorities will be acceptable as per **Appendix -1**.
- II. **IRDP/Antodaya:** As declared by the Himachal Pradesh Govt. notifications and issued by the competent authorities will be acceptable as per **Appendix-3**.
- III. **Ex-servicemen:** Ex-serviceman means retired personnel of three wing forces i.e. Army, Air Force and Navy their widows/wards shall be applied under this category according to **Appendix -10** for which they are to produce to certificate as per **Appendix -5** of the prospectus.
- IV. **Ward of Freedom Fighter:** is as person as declared so be the H.P. Government "Wards" means includes/Children/Grand Children (only paternal side) of the Freedom Fighter.
Provided the benefit can also be extended to the sons/daughters (from maternal sides) of a Freedom Fighter subject to the condition that the Freedom Fighter is/was not having a son for which they are to produce to certificate as per **Appendix -6** of the prospectus.
- V. **Physically Handicapped:** The certificate of Physically Handicapped issued by the competent authorities will be acceptable as per **Appendix-8**.

4. ELIGIBILITY CONDITIONS:

(i) **FOR STATE QUOTA SEATS :**

Children of Bonafide/Domicile Himachali's will only be eligible to apply for competing for admission to two years Dental Courses of Para-dental available in Dental Colleges of the state of H.P.

(ii) **FOR MANAGEMENT QUOTA SEATS (Only in Private Dental Colleges):**

Under this Quota there will be no domicile conditions both Himachali and Non-Himachali interested candidates can apply, subject to fulfillment of minimum educational qualification and age, etc. First preference will be given to the Bonafide Himachali's.

5. AGE & EDUCATIONAL QUALIFICATION:

(i) **AGE:** A candidate should already have completed at least 17 years of age as on 31-12-2018 and must not have completed 30 years of age, should be medically fit to pursue the course. However, a relaxation of 5 Yrs. on the upper age limit shall be available for SC/ST/OBC/PH Categories. The application of candidates who do not fulfill the age requirement will be summarily rejected. Date of birth as recorded in the Matriculation/Higher Secondary Certificate/ Indian School Certificate will only be valid.

(ii) Educational Qualification:

The candidate must have passed 10+2 examination from H.P. Board of School Education with science subject (i.e.) **Physics, Chemistry and Biology** with minimum **40% marks** for General category candidates and **35% marks** in case of SC/ST/OBC Categories provided that the candidate has qualified the subject of English as an elective subject in the above examination or two years intermediate or equivalent course from the recognized School Board, pre-university/Intermediate Board in India

6. MODE OF SELECTION:-

- 6.1 The selection of the candidates to be admitted to Dental Hygienist and Dental Mechanic Diploma courses shall be strictly on the merit basis of the marks obtained in the 10+2 examinations. The candidates shall be given option to choose the course and institution purely on the merit of candidates in respective categories.
- 6.2 In case tie of the merit, the inter-se ranking of the candidates obtaining equal marks shall be according to marks obtained by the candidates in Biology, Chemistry and Physics. Even if, there is tie in inter-se ranking after exhausting the above procedure then the candidates(s) older in age will be given preference.

7. METHOD OF SELECTION FOR ADMISSION

- 7.1 The admission to the Dental Hygienists/Dental Mechanics Diploma courses shall be **purely on the merit basis of 10+2 marks.**
- 7.2 The merit will be declared/displayed on the website/Notice Board of H.P. Govt. Dental College & Hospital, Shimla-1.
- 7.3 Merit list will be prepared for each category of the candidates i.e. General and those belonging to Scheduled Caste/ Scheduled Tribes/OBC /Wards of Ex-servicemen and IRDP/Antodaya.
- 7.4 In the event of sufficient numbers of candidates not being available under reserved category viz SC/ST/OBC/IRDP/PH/BPL etc. the seat will then transfer to the other reserved category. Even if the reserved category still remains unfilled, the same shall be filled from the General Category.

8. CENTRALIZED COUNSELLING:

- 8.1. There will be a Centralized Counselling will be held on dates mentioned in the Prospectus. The allotment of available seats to the eligible candidates will be made in order of merit as per combined merit drawn State and Management Quota (Category-wise) by the Member Secretary-cum-Principal, H.P. Govt. Dental College, Shimla Counselling Committee of those candidates who have applied on the prescribed application form within stipulated date as mentioned in the prospectus for admission to Dental Mechanic/Dental Hygienist Diploma courses in H.P. Govt. Dental College Shimla and Pvt. un-aided Dental Colleges of the State of H.P. for the academic session 2018-19.
- 8.2. The counseling will be held in **H. P. Govt. Dental College & Hospital, Shimla in the Conference Hall, Ground Floor.**
- 8.3. The final eligibility of the candidate will be determined by the Counseling Committee after verification of the Original documents.
- 8.4. The candidate not reporting for 1st round of counseling as per schedule will forfeit their claim for admission without any further notice. No further opportunity will be given. Hence, appearance in the 1st round of counseling is mandatory for consideration of subsequent counseling. The candidates must remain in touch with the website/authority regarding the second counseling schedule.
- 8.5. The candidates who do not bring required original certificate(s) at the time of counseling will be rejected without any notice.
- 8.6. No TA/DA is admissible to the candidates for appearing in counseling.
- 8.7. **No separate call letter will be sent to the candidates for attending the Counseling. They must bring in all original Certificates for verification by Counseling committee as mentioned in the Prospectus.**
- 8.8. In case candidate is unable to attend the counseling in person, he/she is advised to authorize the person to attend counseling on his/her behalf as per the following format:

AUTHORITY LETTER

I hereby authorized Sh./Mr./Ms _____
Son/daughter of Sh. _____
to attend the counseling of Dental Hygienist/Dental Mechanics
Diploma courses to be held on _____ on my behalf and whose
photograph is affixed in the box and signature is appended below.

Recent
photograph of
nominee
without cap &
goggle

Signature of applicant/candidate

Signature of authorized representative

9. **MEDICAL EXAMINATION**

- 9.1. Medical fitness will be pre-condition for admission to any course. The selected candidates will be called for Medical Examination on their own expenses.
- 9.2. The standard of physical fitness will be as prescribed in **Appendix-9** if declared unfit he/she will not be admitted in the College.
- 9.3. If the selected candidates do not join the college by the stipulated date and complete the Medical Examination etc. as laid down in the prescribed form he/she will not have any claim for the allotted seat, which will then be offered to the next candidate on the merit list.

10. **ANNUAL FEE FOR EACH COURSE:**

H.P. Govt. Dental College and Hospital, Shimla	
College Tuition Fee (Non- Refundable)	Rs.10,000/-
Security (Refundable)	Rs.5,000/-
Himachal Dental College & Hospital, Sundernagar, Mandi /Bhojia Dental College & Hospital (Budh) Nalagarh, Solan /Himachal Institute of Dental Sciences, Paonta Sahib, Sirmour	
Tuition Fee (For State Quota seat)	Rs.20,000/-
Tuition Fee (For Management quota seat)	Rs.50,000/-
Other charges	
Admission Fee & registration fee (Full Course)	Rs.2,500/-
Security (Refundable)	Rs.8,000/-
Library Security (Refundable)	Rs.1,000/-
Annual Charges (Medical Fund Rs.500+ Student Fund Rs.1000+Diaplated Fund Rs.500+Amalgamated Fund Rs.1000/-,Library charges Rs.500/-, Continuation Fee Rs.1000/-)	Rs.4,500/-

NOTE:

- 10.1 Fee and other charges once paid will be refund in the event of shifting of the students from one institution to other institution; it will be adjusted/ refunded in all Govt. and private institution provided such shifting take place within the stipulated last date of admission.
- 10.2 The refund of security must be claimed with in three years of the date of completion/discontinuation of the course, failing which the amount will be forfeited.
- 10.3 The fee should be deposited by 15th of the month of October every year, it become payable without late fee up to the last day of the month, with late fee of Rs.100/- per day will be charged up to maximum of fifteen days. After 15 days the name of the candidate who does not pay the dues, shall be removed from the roll of College. For re- admission a sum of Rs.2000/- will be charged as re-admission fee. Such a candidate will have to repeat the period of his/her training for which he/she remained off the rolls.

11 **RAGGING:**

Every student of the college is informed that under the order of the Supreme Court of India and Hon'ble High Court of H.P. ragging is completely prohibited. If any student found involved in ragging will be summarily expelled from the College and legal proceeding under criminal law shall be initiated against him/her as per Anti Ragging Ordinance issued by H.P. Government and filled the online Anti Ragging affidavit by student and also separate Anti Ragging affidavit by the parents/guardian.

12 MIGRATION:

No migration will be allowed to students from Pvt. Dental College to the H.P. Govt. Dental College & Hospital Shimla.

13. GENERAL DISCIPLINARY RULES

Following rules will be taken into consideration while granting internal assessment in various examinations by the Head of the Department.

13.1 ATTENDENCE:

1. Every student is required to attend punctually at the hours notified for lecture and practical classes and required to have minimum prescribed period of training as well as minimum 75% of Theory & practical/clinics etc. in each subject as per DCI rules.

2. A student who is late may not be allowed to enter the lecture theatre and practical hall. If the students do not attend classes continuously for 03 months without information/valid reason, his/her admission will stand cancelled.

13.2 EXAMINATION:

There shall be two examination one the Primary Examination at the end 1st year and Second is the Final diploma examination at the end of 2nd academic year by the concerned College August/September and supplementary in the month of Feb./ March.

13.3 RESULT:

Candidate who fails in the examination will be allowed to re-appear in the subsequent supplementary examination. In case the candidate does not pass all the subjects even in supplementary examination, he/she shall not be promoted to the next higher class.

13.4 LEAVE:

No leave will be granted when examination is due. Student must not leave the station without the permission of the concerned Head of the Department as well as Principal.

13.5 HOSTEL:

No hostel facility will be provided in the H. P. Govt. Dental College, Shimla. Students will have to make their own arrangements to stay. Hostel fees for private Dental colleges will be according to their norms.

13.6 LIBRARY:

There is a library maintained by the college for the students/staff. The member of the library shall abide by the library rules, approved by the Principal, from time to time, available with the college library.

13.7 SYLLABUS & METHOD OF TRAINING:

Syllabus shall be subject wise prescribed for each academic year as approved by the Dental Council of India. Any change/amendments in the rules and regulations made by the Govt./College as the case may be, shall be binding on the students.

The Director, Medical Education & Research, H.P. Shimla reserves all rights and discretion to take decision regarding any changes the rules & regulations.

FORM OF CERTIFICATE OF BONAFIDE HIMACHALI IN RESPECT OF THE FATHER OF THE CANDIDATE.

Certified that Shri _____ Father/Guardian of Shri/Kumari (Name of the candidate) _____

Occupation _____ resident of village _____

Post Office _____ Tehsil _____

District _____ Himachal Pradesh is a bonafide Himachali.

- (i) Having his permanent home in Himachal Pradesh; or
- (ii) A Government employee residing in H.P. for a period of 20 years of above; or
Having his permanent home in Himachal Pradesh but living outside Himachal Pradesh on account of his occupations

Certified that I have satisfied myself on all facts documentary evidence forwarded by the candidates parents to the best of my ability and knowledge and found the same to be correct.

Place _____

Date _____

Signature _____

*Designation with seal of office of Certificate issuing authority

Seal of the Court.

* The certificate (Form given above) should be signed by Sub-Divisional Magistrate/Executive Magistrate (Tehsildar) of the area concerned to which the father/guardian of the candidates belong. It should be signed and not countersigned.

NOTE:

1. Certified in respect of guardian will be accepted if candidates father is not alive and the candidate is solely dependent on the guardian, the relationship of the candidate with the guardian should be stated.
2. The adoption deed in original duly registered in the court in the year in which the candidate was adopted by the legal guardian will only be valid...
3. The certificate should be fresh on the year in which admission is applied for.
4. Doubtful certificate will be got verified through the intelligence source and if found wrong, will render the student liable to expulsion and suitable legal action at any stage of course.

APPENDIX -2

CERTIFICATE OF BELONGING TO SCHEDULED CASTES AND SCHEDULED TRIBES.

This is to certify that Shri/Kumari _____

son/daughter/adopted son/daughter of Shri_____

Village_____ Post Office_____ Tehsil_____

District_____ Himachal Pradesh belongs to the_____

Community(community must be indicated) which is recognized as Scheduled Caste/Tribe for Himachal Pradesh under the constitution (Scheduled Caste) (Union Territories) order,1951,and as amended from time to time

As such Shri_____and /or his family ordinarily reside(s) in the_____District of Himachal Pradesh.

Place_____

Date_____

Signature_____

*Designation with seal of office of Certificate issuing authority

Seal of the Court.

* The certificate (Form given above) should be signed by Sub-Divisional Magistrate/Executive Magistrate (Tehsildar) of the area concerned to which the father/guardian of the candidates belongs. It should be signed and not countersigned.

NOTES:

- 1 The certificate should be fresh on the year in which admission is applied for.
- 2 Doubtful certificate will be got verified through the intelligence source and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX -3

CERTIFICATE FORM FOR THE IRDP/ANTODAYA CATEGORY.

This is to Certify that _____ son/daughter
of _____ resident of _____ village
_____ Post Office _____ Gram Panchayat
Tehsil _____ District _____ Himachal Pradesh
according to BPL Survey _____ (Year) belong to the Below poverty Line
family and is registered in Gram Panchayat _____ survey list
and his/her IRDP/Antodaya code No. _____. This certificate is issued
on _____ .

Place _____
Date _____

Signature _____
*Designation with seal of office of
Certificate issuing authority

NOTES:

1. The certificate as given above may be issued after verification from records.
2. The certificate should be fresh within six months in which year admission is applied for.
3. Doubtful certificate will be got verified through the intelligence source and if found wrong, will render the student liable to expulsion and suitable legal action.

FORM FOR CERTIFICATE FOR THE OTHER BACKWARD CLASSES.

This is to Certify that _____ son/daughter of
_____ resident of village_____ Post
Office_____ Tehsil_____ District _____
Himachal Pradesh belongs to the_____ Community which is recognized
as other Backward class in Himachal Pradesh by the State Government vide
Notification No._____ Date_____
Sh/Smt._____ and his/her family ordinarily reside(s)
in the_____ District_____
division of the (H.P) state. This is also certified that he/she does not belong to the
person/section (Creamy layer) mentioned in the Schedule.

Place _____
Date _____

Signature _____
*Designation with seal of office of
Certificate issuing authority

Seal of the Court.

* The certificate (Form given above) should be signed by Sub-Divisional Magistrate/Executive Magistrate (Tehsildar) of the area concerned to which the father/guardian of the candidates belongs. It should be signed and not countersigned.

NOTES:

1. The certificate as given above may be issued after verification from Revenue Records. Certificate issued by other authority will not be valid.
2. The certificate should be fresh on the year in which admission is applied for.
3. Doubtful certificate will be got verified through the intelligence source and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX -5

FORM CERTIFICATE TO BE PRODUCED BY THE WARDS OF EX-SERVICEMEN WHO ARE BONAFIDE RESIDENTS OF HIMACHAL PRADESH.

Sr. No. _____

This is to certify that Shri/ Kumari/Ms. _____
Son/Daughter/Wife of Shri _____ resident of
Village_____ Post office_____ Tehsil_____
District_____ of Himachal Pradesh is the Son/Daughter/widow of
Shri_____ who was a member of Defence services.
He served w.e.f. _____ to _____ in Indian Army as Rank No.
_____ in(Bntl./Regiment) _____

It further certified that Sh. _____ has been
covered under priority No. _____ as per Appendix-10 of the prospectus as
mentioned hereunder:-

Priority No.	Particular of Priority as per Appendix-10 of the prospectus

Place _____
Date _____

Signature of Deputy Director
Distt. Sainik Welfare Officer
(with stamp)

NOTES: The certificate (form as given above) should be signed by the
Secretary, State/District Soldiers, Sailors and Airmen's board.

CERTIFICATE TO BE PRODUCED BY THE WARDS OF FREEDOM FIGHTER HAILING FROM HIMACHAL PRADESH

This is to Certify that _____
Father/Mother/Grand Father/Grand Mother of (Name of the candidate)
Shri./Kumari of _____ resident of village _____
Post Office _____ Tehsil _____
District _____ Himachal Pradesh has been declared as
Freedom Fighter Vide H.P. Government Letter No. _____
Dated _____ (Photostat copy of the letter dully attested be
attached)

Seal of the Court.

Place _____
Date _____

Signature of the District Magistrate

*Seal with Stamp

NOTES:

1. The certificate (Format given above) should be signed by District Magistrate of the concerned district to which the parents of the Ward belongs as per instruction given in the prospectus.
2. An attested Photostat copy of such recognition granted to Freedom fighter be attached with the application.
3. Doubtful certificate will be got verified through the intelligence source and if found wrong, will render the student liable to expulsion and suitable legal action.

CERTIFICATE OF CHARACTER TO BE SUBMITTED BY THE STUDENT

CHARACTER CERTIFICATE

Certified that Mr/Mrs./Miss _____
S/O, D/O _____ is a student of this
school/college from class _____ to _____
and has passed 10+2 examination in _____ (Month/ year
During this period he/she bears _____ Character and
_____ behavior.

Signature
Principal/Class-I Gazetted Officer
(With Seal)

Place _____

Dated _____

FORM OF CERTIFICATE TO BE PRODUCED BY THE PHYSICALLY HANDICAPPED

1. CR.NO. _____ Ortho OPD NO. _____ Disability Certificate No. _____

2. Name of the Candidate _____

3. Name of the Father _____

4. Permanent Address _____

5. Locomotory Disability of lower limbs with percentage:

i) 50% to 70% _____

ii) 40% to 50% _____

Certified that the above named person is permanent physically handicapped with the Locomotory disorder and that who with disability of lower limbs between (% _____)

CHAIRMAN
Medical Board
Name & Designation

MEMBER
Medical Board
Name & Designation

MEMBER
Medical Board
Name & Designation

6. Name & Place of Medical Board _____

7. Date of issuance _____

NOTES:

1. The Disability Certificate should be issued by duly constituted and authorized State Medical Board/Central Govt. Hospital. The Medical Board must comprise of at least one expert/specialist from the speciality of Orthopedics.
2. The Disability Certificate from Medical Board should be having been issued within three months prior to presenting his/her application for seeking admission in any medical course by claiming the benefit of the reservation.
3. Doubtful Certificate will be got verified through the intelligence source and if found wrong will render the student liable to expulsion and suitable legal action.

APPENDIX -9**STANDARD OF MEDICAL FITNESS CERTIFICATE SUBMITTED BY THE STUDENT AT THE TIME OF ADMISSION**

Affix recent
photograph
duly attested
by the Medical
officer

Name of the Candidate: _____

Father's Name: _____

Date of Birth: _____

Identification Mark: _____

Sr. No.	Standard of Physical fitness	Observation of Medical Officer Conducting Medical Examination	Signature of the Doctor's
1	EYES:		
(a)	The absence of one eye shall not be a bar, the vision of remaining eye shall not be less than 6/9 with or without glasses		
(b)	The minimum vision in person in possession of both eyes should be 6/12, 6/18 with or without glasses.		
(c)	There shall be no fundus disease adversely affecting the vision		
(d)	Colour Blindness (Up-to CP4)		
2.	EARS: The hearing power shall be as to enable a candidate to use his stethoscope effectively		
3.	Blood Pressure: (Normal)		
4.	Heart: (No organic disease)		
5.	Lungs: (No organic disease)		
6	Liver, Spleen Kidney and lymphatic glands: (No permanent abnormality)		
7.	Nervous System: (Candidate should be normal & be mentally sound)		
8.	Urine: (Should be free from albumen or Sugar)		
9	Extremities		
(a)	Any one with bad deformity or any absent limb shall be debarred.		
(b)	There shall be no deformity of lower Limbs & spine to hinder normal locomotion.		
10	Every candidate should have X-ray screening of chest to exclude pulmonary cardiology.		
11	Female candidate should be examined by the Gynecologists to exclude any organic disease.		
12	Blood Group:		

Signature of Candidate _____

Place: _____

Date: _____

Signature of Chairman of Medical Board/
CMO/MS (with seal)

APPENDIX -10

F.No.6(1)/2017/D(Res.II)
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare

Room No.237 'B' Wing
Sena Bhawan, New Delhi
May 21, 2018

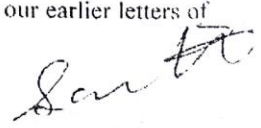
To
The Chief Secretaries/Administrators
All States/UTs.

Subject: Inter-se priority for reservation/preference to the wards of Armed Forces personnel by States /UTs for admission to Medical/Professional / Non-Professional Courses.

Approval of the Comptent Authrotiy is conveyed to the removal of Yudh Sewa Medal series of Awards i.e. SarvottamYudh Seva Medal, Uttam Yudh Seva Medal and Yudh Seva Medal from Category V of the priority list for reservations/preferences to the wards of Armed Forces personnel by States/UTs/Central/State Universities/ Autonomous Institutions for admission in medical/professional/non-professional courses. The revised list of priorities will be as follows:-

- Priority I : Widows/Wards of Defence personnel killed in action.
Priority II : Wards of disabled in action and boarded out from service.
Priority III : Widows/Wards of Defence personnel who died while in service with death attributable to military service.
Priority IV : Wards of disabled in service and boarded out with disability attributable to military service.
Priority V : Wards of Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards:
i. Param Vir Chakra
ii. Ashok Chakra
iii. Maha Vir Chakra
iv. Kirti Chakra
v. Vir Chakra
vi. Shaurya Chakra
vii. Sena, Nau Sena, Vayu Sena Medal
viii. Mention-in-Despatches.
Priority VI: Wards of Ex-Servicemen.
Priority VII: Wives of :
i) defence personnel disabled in action and boarded out from service.
ii) defence personnel disabled in service and boarded out with disability attributable to military service.
iii) ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
Priority VIII: Wards of Serving Personnel.
Priority IX : Wives of Serving Personnel.

2. This issues with the approval of Hon'ble Raksha Mantri and supersedes our earlier letters of even number dated 19.05.2017 and 30.11.2017 on the subject.


(Santosh)
Joint Secretary (Res.II)
Tel. 23015772

APPLICATION FORM FOR TWO YEAR DIPLOMA COURSES IN DENTAL MECHANICS/DENTAL HYGIENISTS FOR THE ACEDMIC SESSION 2018-19

(The application form is to be filled by the candidate in BLOCK LETTERS on the lines/ block indicated)

Order of Scrutiny Committee deficiency if any:

Affix recent photograph duly attested by the Gazetted officer

Signature of the Scrutiny members:

1. _____ 2. _____ 3. _____

Signature of the Counselling Committee:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

1. Name of the candidate (in Block letters) _____
(Same as per matriculation certificate)
2. Father's Name (in Block letters) _____
3. Guardian Name(If applicable) _____
4. (i) Date of Birth _____ (ii) Sex: Male/Female _____
5. Age: Years _____ Months _____ Days _____
6. Category in which applied (Gen/SC/ST/Ex-servicemen/PH/IRDP/ Antodaya] _____
7. Address for correspondence (in Block Letters) _____
_____ Pin No. _____ Mobile No. _____
8. Permanent Home Address (in _____ Block Letters) _____
_____ Pin No. _____ Mobile No. _____
9. **(a) Choice of Course:**
(i) Dental Hygienists _____ (ii) Dental Mechanics _____
(i) _____ (ii) _____
- (b) Are you interested for admission under State Quota Seats in private Dental Colleges (Yes/No) _____
- (c) Are you interested for admission under Management Quota Seats in Private Dental Colleges (Yes/No) _____
- (d) Name of the College(s) in which admission is to be sought in Pvt. Dental College _____
10. Are you Himachali Bonafide/Domicile(Yes/No) _____
11. (i) Details of marks in the qualifying examinations(10+2) on the basis of Which admission is sought?

Subject	Maximum Marks	Marks obtained	Percentage
Biology			
Chemistry			
Physics			
Total			

12. Name of the Bank _____
Draft No. _____ Date _____

13. **Important document/certificate to be attached in this form:**

- (i) Matric or equivalent examination, indicating date of birth.
(Attested photocopy).
- (ii) 10+2 or equivalent examination **(Attested photocopy).**
- (iii) H.P. Bonafide/Domicile certificate **(Attested photocopy).**
- (iv) SC/ST/OBC/Children of Ex-servicemen/Physical Handicapped and IRDP / Antodaya certificate **(Attested photocopy as applicable)**
- (v) Character certificate from the institution last attended or Class-1 Gazetted Officer (Last six months) **(Original).**

14. **Candidate must bring all Original certificates for verification by Counseling Committee.**

15. **Declaration by the applicant and the guardian:**

I hereby solemnly declare that the entries made by me in the form are correct to the best of my knowledge and belief. I further undertake that the claim for admission has been submitted by me on the basis of my performance in 10+2 marks. I am conscious that if any of the entries are found to be incorrect, my admission is liable to be cancelled.

Place _____

Dated _____

Signature of the applicant