GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL
NORTH BENGAL DENTAL COLLEGE & HOSPITAL
P.O. SUSHRUTANAGAR-734012, DIST-DARJEELING (WEST BENGAL)
APPLICATION FOR ADMISSION TO 1ST YEAR PROFESSIONAL BDS COURSE

Affix Photo

1. Name in full (In Capital Letters) Sri/Smt :.....
2. Father's Name :.....
3. Mother's Name :.....
4. Guardian Name (If different from parent) :Sri/Smt.....
   (a)Relationship with the Guardian :.....
5. Date of Birth :..... Age(as on 31.12.2026).....
6. Nationality :.....
7. Permanent Address: :.....
   .....
   Vill.....P.O. .....
   Dist.....Pin Code.....
8. Present Address
   .....
   ....
   Vill/Town/City.....P.O.....
   Dist.....Pin Code.....
9. STUDENT CATEGORY : UR/S.C/S.T/ O.B.C./EWS
10. If belong to reserved category mention specific details: .....
11. Whether Selected through (AllIndia Quota/ State Quota) :.....
12. Religion : .....
13. Registered in any other University: Yes/No
    (if Yes) Registration No. & Year of Registration Under: .....University No:.....Year.....
14. Income of Father /Mother / Guardian/Family per Year: Rs.....(Rupees.....) only
15. School / College from which the
    Candidate passed the H.S. (10+2) Exam : Name: .....
    Vill/Town/City.....P.O.....
    Dist.....Pin code.....
16. Aadhaar Card No. ..... Epic No. .....
17. E-mail ..... Mobile No.....
18. Examination Passed

Exam Passed	Board/ University	Year of Passing	Division	Subjects Taken	Full Marks	Marks Obtained	% of Marks
Class X							
Class XII							

19. Marks obtained in 10+2

Physics	Chemistry	Biology	English	Aggregate in PCB

Certified that the above Statements is Correct to the best of my knowledge

.....
(Signature of Father /Mother / Guardian)
Date:.....

I agree to abide by the rules and code of conduct

.....
(Full Signature of Student)
Date :.....

Allowed to join on.....

Principal
North Bengal Dental College & Hospital

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Reference Memo No. DME/Spl/Corresp/10B/2015 dt. 19.06.2015 of Director of Medical Education. Deptt. of H&FW, Swasthya Bhawan, Kolkata-91. Received the following documents in original from the BDS allotted candidate during on lone submission at the reporting centre of NBDC&H.

Name of Candidate…… Roll No……

1. Provisional Allotment Letter.
2. 10th Pass Certificate.
3. 10th Admit Card/ DOB Certificate.
4. 10+2 Mark Sheet.
5. 10+2 Pass Certificate.
6. Migration Certificate/School Leaving (If applicable).
7. E- Challan Copy.
8. Documents Verification Certificate.
9. Domicile Certificate.
10. Medical Certificate.

Signature of Candidate……

Date …….

Contact No. of Candidate…….

Contact No. of Guardian …….

Signature of Reporting Officer……

Execution of bond by the candidate for Under Graduate Dental degree seat at North Bengal Dental College & Hospital
(In Rs. 100 stamp paper)

Sri/Smt……., S/o, D/o, W/o …… residing at……
Dist……. Pin……. Having been selected for Under Graduate Dental degree course at North Bengal Dental College & Hospital do hereby affirm and solemnly declare that I shall deposit a sum of Rs 1,00,000/- (Rupees one lakh) only as prescribed by the Government in pursuance of G.O. No. HF/O/MERT/1542/Admn/ME.STM-2810/2 (10) dated 25.10.2010, if I resign/discontinue the course before completion of tenure of the course.

Moreover it shall be obligatory on my part to observe or perform all terms and conditions prescribed by the Government for the aforesaid purpose.

The original documents which are in the custody of the North Bengal Dental College & Hospital will not be returned to me unless and until I pay the penalty of Rs 1,00,000/- (Rupees one lakh) only to the authority of North Bengal Dental College & Hospital.

This bond is imposed as there will be no further provision on behalf of the W.B.M.C.C. (West Bengal Medical Counselling Committee), Department of Health and Family Welfare Govt. of West Bengal to allot another candidate for the same seat in the next round/s of counselling.

Signature of the candidate…….
Name of the candidate…….
Date…… Place……

Signature of the witness (should not be blood relation).....
Name of the witness…….
Date…… Place……

Required documents and fees for admission in 1st Prof. BDS

(North Bengal Dental College &Hospital)

State Quota:

1. **Provisional Allotment letter generated from www.wbmcc.nic.in website by allotted candidate**
2. **NEET UG 2026 Admit card**
3. **NEET UG 2026 score card**
4. **Acknowledgement Slip generated online after successful enrolment in Pre-counselling.**
5. **Candidate Profile Letter and payment receipt generated online after successful payment.**
6. **Document Verification Certificate**
7. **Bond of Discontinuity of Rs. 100000/- (One Lakh) Specimen attached in Rs. 100/- non judicial stamp paper duly signed by notary.**
8. **Domicile Certificate (a1, a2, b) or domicile certificate from e-district website SIGNED BY APPRROPRIATE AUTHORITY**
9. **Voter/ Aadhar/ Passport of parent/s in case of domicile certificate of parent is given showing address as West Bengal (any 2 of the three ID cards are mentioned above)**
10. **Age Proof [Birth certificate /Admit card of Class 10 Exam] (Age should be 17 years by 31.12.2026)**
11. **Class 10th Pass Certificate**
12. **Class 10+2-mark sheet for verification of marks**
13. **10+2 Pass certificate**
14. **Medical Certificate (From Registered Allopathic Medical Practitioner) with properly attested Photograph**
15. **EWS certificate from competent authority in case of EWS candidate (as prescribed in Annexure-5)**
16. **Migration certificate (As required for University Registration)**
17. **Transfer Certificate if candidate admitted in other College**
18. **5 copies of Passport size photograph same as NEET Admit Card**
19. **Admission Form with photographs properly attached**
20. **Original ID proof of candidate (Voter card/Aadhar card/Passport)**
21. **Caste Certificate as applicable (Issued by the competent authority) and issued in the state of West Bengal after 01.04.2026**
22. **Anti Ragging Affidavit (Candidate & Guardian Separately) in Rs- 20/- for each in Non-Judicial Stamp Paper duly signed by notary**
23. **PWD Certificate issued/verified through online link provided by MCC, DGHS, Govt. of India from IPGMER Kolkata as applicable.**
24. **Document Verification Slip 2026 Undertaking**
25. **Gap Affidavit in Rs- 50/- of Judicial Magistrate of the candidate residence (for university registration)**

**** All documents to be submitted in original at the time of admission along with self-attested Photocopies**

Fees to be deposited at the time of admission:

• **Admission fee**	**Rs. 1000=00**
• **Tuition fee @ Rs. 650/- per month for 6 (Six) months**	**Rs. 3900=00**
• **Library/ Laboratory caution money**	**Rs. 1000=00**
• **Hostel Charges @12=00 per month for 6 (Six) months**	**Rs. 72=00**
	Total Rs. 5972=00

CANDIDATE DECLARATION

I …… NEET UG 2026,

Roll No. ……., NEET UG 2026 rank ……. solemnly undertake that the information provided during enrolment process are true to the best of my knowledge. I understand that if it is found that I have deliberately / unknowingly tried to provide mis-information or falsification or fabrication of documents or obtained unfair means then my candidature shall be cancelled at once and I shall not be allowed to participate further in the counselling process of WB UG 2026.

I also affirm at the same time that I have not been admitted to any other college in 2026-27

I shall submit the following documents within 15 days from the date of admission:

1. Gap Affidavit in Rs 50 of Judicial Magistrate of the Candidate residence.
2. Migration Certificate/Transfer Certificate (any one)

Signature of the Candidate

Full Name (in block letter):

Mobile No. (Own) :

Date:

Required documents and fees for admission in 1st Prof. BDS (North Bengal Dental College &Hospital)

All India Quota:

1. Provisional Allotment letter generated from www.mcc.nic.in website by allotted candidate

2.NEET UG 2026 Admit card

3.NEET UG 2026 score card

4.Bond of Discontinuity of Rs. 100000/- (One Lakh) Specimen attached in Rs. 100/- non judicial stamp paper duly signed by notary.

5.Age Proof [Birth certificate /Admit card of Class 10 Exam] (Age should be 17 years by 31.12.2026)

6.Class 10th Pass Certificate

7.Class 10+2 mark sheet for verification of marks

8. 10+2 Pass certificate

9. Medical Certificate (From Registered Allopathic Medical Practitioner) with properly attested Photograph

10. EWS Certificate from competent authority in case of EWS candidate (as prescribed in Annexure 5)

11. Migration certificate (As required for University Registration)

12. Transfer certificate

13. 4 copies of Passport size photograph same as NEET Admit Card

14. Admission Form with photographs properly attached & Signed

15. Original ID proof of candidate (Voter card/Aadhar card/Passport)

16. Caste Certificate as applicable (Issued by the competent authority) in English/ Attested translated copy of the certificate in English (as prescribed in Annexure 3 & 4)

17. Gap Affidavit in Rs- 50/- of Judicial Magistrate of the candidate residence (for university registration)

18. PWD Certificate issued/verified through online link provided by MCC, DGHS, Govt. of India from IPGMER Kolkata as applicable.

19. Anti Ragging Affidavit (Candidate & Guardian Separately) in Rs- 20/- for each in Non-Judicial Stamp Paper duly signed by notary

**** All documents to be submitted in original at the time of admission along with self-attested Photocopies**

Fees to be deposited at the time of admission:

- Admission fee Rs. 1000=00
- Tuition fee @ Rs. 650/- per month for 6 (Six) months Rs. 3900=00
- Library/ Laboratory caution money Rs. 1000=00
- Hostel Charges @12=00 per month for 6 (Six) months Rs. 72=00

Total Rs. 5972=00

Medical Certificate for NEET UG 2026 qualified candidates

Roll No.....

Application No .....

NEET UG 2026 combined merit rank .....

I, Dr ..... have examined Sri/Smt ..... Son/daughter of ....., residing at …….. ..... [Verified from Aadhar card/passport/voter card/school or college ID card], a candidate for admission into the MEDICAL /DENTAL/AYUSH UG degree colleges in West Bengal for 2026- 27 admission session and observed as follows:-

1. Personal mark of identification.....

2. Apparent age ..... years

3. Any history of Pulmonary Tuberculosis ..... yes/no (put tick to appropriate one)

4. Chest measurement:

a. Normal respiration ..... cm

b. In Full inspiration .....cm

c. In Full expiration ..... cm

5. Height ..... cm

6. Weight ..... Kg

7. BMI .....

8. Eye sight visual acuity:

a. Right eye .....

b. Left eye .....

c. Colour blindness..... present/absent (put tick to appropriate one)

9. Immunization status ..... (whether up to date as per latest National Immunization Schedule)

10. General Physique. . . . . .

11. Heart . . . .

12. Lungs . . . . . .

13. Abdominal viscera .....

14. Blood Group .....

15. Any neurological deficits .....

16. Any orthopedic disability .....

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying UG Medical / Dental course

I consider the above candidate FIT / UN FIT to join his/her Medical or Dental/AYUSH UG institution (please put tick to appropriate one)

Date .....

Place .....

Signature of Registered Medical Practitioner

Registration No .....

Council of registration.....

Contact No .....

SEAL

(Candidate to paste recent passport Size photograph on which Medical practitioner has to attest)

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I,_____ (full name of student with Institute Roll Number) s/o d/o Mr./Mrs./Ms. _____, having been admitted to _____(name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3) I hereby solemnly aver and undertake that

a) I. will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

6) Along with the above mentioned points I do hereby declare that

a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.

b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this ___day of _____ month of _____year.

_____
Signature of deponent
Name:_____

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 misstated therein.

Verified at ----------(place) on this the ----------(day) of ----------(month), ----------(year).

_____
Signature of deponent

Solemnly affirmed and signed in my presence on this the ----------(day) of ----------(month), ----------(year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of , (full name of student with University Roll Number) , having been admitted to _____ (name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009. (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

3) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

6) Along with the above mentioned points I do hereby declare that

a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.

b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

_____
Signature of deponent

Name:
Address:
Telephone/ Mobile No.:

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 misstated therein.

Verified at (place) on this the (day) of (month) , (year) .

_____
Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) , _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.