

M. D. S. ADMISSION 2026-27

Arrange a set of original certificate and Two set of Xerox copies separately in the order given below for Verification.

Name of Student: _____ All India rank _____ State SML NO: _____

NEET Score _____ Roll No: _____ Category _____ Quota: _____ Subject: _____

Appar Id :

S.NO.	NAME OF DOCUMENTS	YES / NO
1	Nationality Certificate/ Xerox copy of Valid Passport duly attested by Dean/Principal	
2	Domicile Certificate of Maharashtra State	
3	NEET - MDS mark sheet – (Current Year)	
4	First to Final Year BDS mark sheets of qualifying examination	
5	BDS Passing and Degree certificate of qualifying examination	
6	Internship Completion Certificate. Up to 31/05/2026	
7	Permanent Valid registration Certificate from Council	
8	Selection Letter NEET - MDS (Current Year)	
9	Caste Certificate (If applicable)	
10	Caste Validity Certificate (If applicable)	
11	Non-Creamy Layer Certificate for DT/VJ, NT-1, NT-2, NT3, OBC, SBC & SEBC Valid Up to 31/03/2027	
12	EWS Certificate . (If applicable) 2026-27	
13	College leaving Certificate	
14	Migration certificate issued by the respective University (If applicable)	
15	Self Educational Gap (If GAP is more than 6 months after completion of internship/qualifying Degree) Affidavit by student. (If applicable)	
16	Medical Fitness Certificate/ Physically Handicapped Certificate	
17	Attempt Certificate of qualifying examination	
18	College Undertaking	
19	Ragging Affidavit by Parent & Student	
20	Preference Form Xerox copy.	
21	Admit Card-NEET MDS (Current Year)	
22	Proof of age (S.S.C. Passing certificate)	
23	12 th Board Certificate & Mark Sheet	
24	Proof of permanent address :- Electric Bill	
25	Aadhar Card (Xerox)	
26	Voter ID	
27	Pan Card Of Candidate	
28	Online Downloaded Application Form, State CET Cell NEET – MDS (Current Year)	
29	Certificate from Head of the Institute showing that the Dental College/Institute from which the candidate has passed final BDS examination is recognized by Dental Council of India	
30	Copy of Receipt of Online Fee Payment	
31	Any other document NRI / OCI if Applicable	

Kindly find in order and do the needful.

Date :



Signature Candidate's

Name _____

Mo. No. _____