

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL**NOTICE BOARD & WEBSITE****BDS Admission 2026-27**

Candidates are required to submit original certificates

With self attested photocopies separately

as per the order given below.

Sr. No.	Certificates	To be submitted	
1	Allotment letter of CAP Admission - State CET Cell	Original	1 self-attested copy
2	Indian Nationality Certificate / Copy of Valid Indian Passport/ Birth Certificate endorsed with Nationality as 'Indian' on it.	Original	1 self-attested copy
3	Domicile Certificate	Original	1 self-attested copy
4	SSC / Equivalent Passing Certificate.	Original	1 self-attested copy
5	HSC / Equivalent Examination Mark sheet	Original	1 self-attested copy
6	NEET – UG 2026 Mark Sheet	Original	1 self-attested copy
7	Caste Certificate.	Original	1 self-attested copy
8	Caste Validity Certificate.	Original	1 self-attested copy
9	Non-Creamy Layer Certificate valid up to 31/03/2027. (For VJ/NT, OBC, SBC, SEBC) Not for SC and ST	Original	1 self-attested copy
10	School Leaving Certificate / Transfer Certificate of HSC/12 th Std.	Original	1 self-attested copy
11	Medical Fitness Certificate (Annexure – H)	Original	1 self-attested copy
12	Gap Certificate (If Applicable)	Original	1 self-attested copy
13	Migration Certificate (If Applicable)	Original	1 self-attested copy
14	Admit Card of NEET UG 2026	Original	1 self-attested copy
15	Copy of Online Application form (latest) filled on www.mahacet.org . with copy of receipt of online application fee payment.	Original	1 self-attested copy
16	Recent Eligibility Certificate for EWS Category issued by Appropriate Authority for the Year 2026-27 as per State Govt. Format of GR Dt. 31.05.21 (Annexure-T)	Original	1 self-attested copy
17	Hepatitis – B Vaccination certificate from Doctor on prescription.	Original	--
18	Copy of Aadhar Card	--	2 self-attested copies
19	Attested Copy of Voting Card / MUHS Annexure – C Voting Card.	--	2 self-attested copies
20	Copy of Students Bank Account Pass Book or Cancel Cheque	--	1 self-attested copies
21	Income Certificate issued from Tehasildar for financial year 2025-26. (For EBC Students)	--	2 self-attested copies
22	5 Passport size photographs	--	--

**Candidate's Original certificates / documents to be bought for verification for additional Claim under category:
D1/D2/D3, MKB, HA and Minority**

Sr. No.	Certificates
1	D1/D2/D3: Ex-servicemen Certificate /actual service certificate
2	D1/D2: Domicile of Maharashtra Certificate of Defence person
3	D3: Transfer certificate and Domicile of other than Maharashtra certificate of parents.
4	MKB: Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area
5	HA: Parent Domicile certificate, SSC/HSC of candidate from hilly area
6	For Minority Candidates – Refer rule 5.11, 5.12 & 5.13 NEET UG 2026 State CET Cell Information Brochure.

MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL KAMOTHE, NAVI MUMBAI
APPLICATION FORM FOR ADMISSION TO FIRST B.D.S. COURSE A. Y. 2026-27

Stick Recent Passport
size photograph.

1) Name of the Student. -
(Strictly as per HSC Mark Sheet)

Name of Student in Marathi -

2) Fathers Full Name -

3) Mothers Full Name -

4) Permanent Address -

Pin Code

5) Mobile No. Student Father Mother

E-Mail ID - Student Father

Mother Annual Family Income in Rs:

6) Date of Birth - Blood Group -

7) Age as on 31/08/2026- Yrs- Months- Days- 8) Gender - Male / Female

9) Nationality - Religion -

10) NEET-UG-2026 - All India Rank - Roll No. -

Percentile Score - Marks -

Category - Quota. -

11) HSC 10+2 - Year & Month of Passing -

Name of Board Division -

Total Marks obtained %age of marks obtained in HSC

P.T.O.

12) MARKS OBTAINED IN XIIth STD. (H.S.C.) (PCB)

Subject	Marks Obtained	Out of
PHYSICS		100
CHEMISTRY		100
BIOLOGY		100
TOTAL		300

PCB Eligibility - Open : 50% (150 / 300)

Reserve: 40% (120 / 300)

13) MARKS OBTAINED IN XIIth STD. (H.S.C.) (PCBE)

Subject	Marks Obtained	Out of
PHYSICS		100
CHEMISTRY		100
BIOLOGY		100
ENGLISH		100
TOTAL		400

14) Date of Admission: _____ 15) Aadhar Card No. _____

16) Voting ID No. _____ 17) Would you like to donate organ: Yes / No

18) ABC ID APAAR ID No. _____

19) Anti Ragging Undertaking Reference No. _____

20) Declaration by the Candidate:

(1) I hereby solemnly and sincerely affirm that the statement made and information given by me in the application form is true and correct.

(2) I have not concealed any material information, however, if any information submitted herein is Fraudulent, incorrect or untrue understand that I am liable to criminal prosecution and also agree to forego my seat in all Dental College. Further that the selection / Admission to the course is liable to be cancelled.

Date:- / /2026

Place: - Kamothe, Navi Mumbai

Signature of the Student

21) Declaration of the Parent / Guardian:

I have fully read the form furnished by my son / daughter / ward and affirm that it is true and it is proved that the information is fraudulent; I am liable for criminal prosecution.

Signature of Parent / Guardian

For Office Use Only: -

Member-1

Member-2

Member-3

Member-4

Dean (Chairman)

वाचा: शासन निर्णय क्र. सीईटी ३५ १७/प्र.क्र. १२०/१७/शिक्षण-२ दिनांक ०९/०६/२०१५)

Annexure - A

Self-Declaration

Applicant's Photo

I Son / Daughter of
.....aged.....occupation.....resident
of.....

.....with UID No.

Hereby declare that, I have passed.....course from
..... College during the year
..... and I hereby state that, I have not taken admission during the
period of gap from to period, hence, the gap arises in
my education.

The information provided above is true and correct to the best of my personal
knowledge, information and belief. I fully understand the consequences of giving false
information. If the information is found to be false, I shall be liable for prosecution and
punishment under Indian Penal Code and / or any other law applicable thereto.

Place :

Applicant's Signature.....

Date :

Applicant's Name :

Format - Gap Certificate, on 100/- stamp paper - Notary.

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र/हमीपत्र नमुना.

मी अभ्यासक्रम: प्रथम वर्ष दंत पदवी
महाविद्यालयाचे नाव: एम.जी.एम. दंत महाविद्यालय आणि रुग्णालय, कामोटे, नवी मुंबई या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किंवा होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवुन घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :