SOMANATH EDUCATIONAL TRUST'S
ಎಸ್. ಬಿ. ಪಾಟೀಲ ದಂತ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಬೀದರ
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)
Accredited by National Assessment & Accreditation Council (NAAC)
(Recognized by National Dental Commission & Affiliated to Rajiv Gandhi University of Health Sciences)
Email: principalsbpdch@yahoo.co.in, Website: www.sbpatildentalcollege.in
Estd.: 1991 Ph.: 08482-232101, Fax: 08482-232101

APPLICATION FOR ADMISSION TO M.D.S COURSE FOR THE ACADEMIC YEAR

The following are the subjects in which M.D.S. Course are offered & Alloted

1. Orthodontics & Dentofacial Orthopedics ☐
2. Periodontology ☐
3. Conservative Dentistry and Endodontics ☐
4. Prosthodontics and Crown & Bridge ☐

Pass port Size Photo

1.	**Name of the Applicant** As per Final BDS Marks card (in Block letters)	
2.	**Father's Name** (In Block letters)	
	Mother'sName (in Block Letters)	
3.	**Address for Correspondence** (in Block Letters)	
		Pin Code:
	Phone No. with STD CODE:	**Mobile. No:**
	Permanent Address (in Block Letters)	
		Pin Code:
	Phone No. With STD CODE:	**Mobile. No:**
4.	**Subject Allotted**	
5.	**Date of Birth**	SEX: M F
6.	**Place of Birth, Town & State**	
7.	**Year of Joining B.D.S.**	

STUDENT GENERAL INFORMATION: -

1	Student Name in Block Letters	
	Cell No:	
	E-mail:	
	Pan Card No:	
	Aadhaar Card No:	
	Blood Group:	
	Mother Tongue:	
	Marital Status	
2	Course/Dept. Selected	Course: MDS DEPT:
3	Allotted Seat quota	**GOVT/PRIVATE(GMP/OPN)/NRI/MGT**
4	Father's Name: Cell No: E-mail: Pan card No:	
5	Occupation of Father & Address	
6	Mother's Name Cell No: E-mail: Pan Card No:	
7	Occupation of Mother & Address	
8	Guardian's Name, Occupation & Address Cell No: E-mail:	
9	Annual Income of Parents	Rs.
10	Caste & Religion Caste Category	 **GM/GMR/1G/1R/2AG/2AR/2BG/2BR/SC/ST/OBC**
11	Area	Urban/Rural
12	State & Nationality	
13	Pass Port & visa details	No: Valid up to:
14	Any Emergency whom to contact Address with Telephone/Cell No:	

Signature of the candidate

8.	a. Year of Completion of Final Year BDS	
	b. Date of completion of One Year Internship	
9.	Name of the College, Place & University	
10.	Whether the College is recognized by D.C.I.	Yes / No. (Enclose Certificate/Letter)
11.	Number of Years taken to Complete the Course:	

12. Details of Academic Career

Examination passed	Registration No.	No.of Attempts	Maximum Marks	Marks Obtained	Yearsof Passing	Percentageof Marks
First Year B.D.S						
Second Year B.D.S.						
Third Year B.D.S.						
Final Year B.D.S. (Part I)						
Final Year B.D.S. (Part11)						

	Rank	Category Rank	Max. Marks	Marks Scored	Percentile
NEET					

DECLARATION BY THE CANDIDATE

I here by declare that the information given above is true and correct and I further declare that I shall abide by the rules and regulations of the College, Hostel and the University.

Signature of Parent/Guardian

Date:.....

Signature of the Candidate

Date:.....

INSTRUCTIONS TO APPLICANTS

1. Candidates should have completed or completing rotator internship on or before.....
2. **Applicants have to produce eligibility certificate at the time of admission.** However. They have to apply before closing date to the Registrar, **Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore 560041 (Ph.No.080- 26558181 / 26558282 website: www.rguhs.ac.in)** along -with prescribed fees.
3. All the Correspondence pertaining to the college, should be addressed to the **Principal S. B. Patil Institute for Dental Sciences & Research, Bidar**
4. Using of Cell Phone in the college premises is prohibited.
5. If a student lodges a complaint in Police Station or received notices from police station, a copy of the same should be given to the office of the Principal without fail.
6. M.D.S Completed in 6 years ACA/DCD/FTC/UG-PG/Course/412/2020-21 /Date: 16/12/2020
7. Basic life support(BLS)training is mandatory letter no.ACA/DCD/MISS/22/JRT/ECLS/2022-23/Date:21-11-22

PRINCIPAL

Application scrutinized by: Name & Signature

SOMANATH EDUCATIONAL TRUST'S
ಎಸ್. ಬಿ. ಪಾಟೀಲ ದಂತ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಬೀದರ
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)
Accredited by National Assessment & Accreditation Council (NAAC)
(Recognized by National Dental Commission & Affiliated to Rajiv Gandhi University of Health Sciences)
Email: principalsbpdch@yahoo.co.in, Website: www.sbpatildentalcollege.in
Estd.: 1991 Ph.: 08482-232101, Fax: 08482-232101

Ref.: SET/SBPIDSR/BDR/2026-27/ Date:

DECLARATION BY THE CANDIDATE;

1. I may kindly be provisionally admitted to M.D.S. course for the year 2026-27 subject to the approval of admission from the Rajiv Gandhi University of Health Sciences. Karnataka, Bangalore at my own risk.
2. I hereby agree to pay the Annual Fees every year irrespective of my pass or fail or under any circumstances within the last working day of every year. In case, if I fail to do so, my name may be deleted from the Attendance Register without further notice.
3. I hereby agree, if admitted, to confirm to the rules and regulations at present in force or that may hereafter be made by the management for admission of the college. I undertake that I will do nothing either inside or outside the institute that will interfere with its orderly management and discipline as long as I am a student of the institution. I further agree to make good when called upon to do so any damage to furniture Electrical fittings and other articles which may be caused by carelessness, negligence or wantonness on my part.
4. I will not indulge in any kind of ragging or teasing of students as per Hon'ble Supreme Court Orders and NDC Notification Dt: 31'' July'2009 *I* University Circular No: AUTH/927/2009-2010 Date:
   1 Aug'09, if I am ragged by any student, matter will be reported to the authorities immediately. Further we have read all the consequences as per above Supreme Court Order / NDC Notification / University Circular which are available in the office. The required undertaking duly filled and signed by me and my parents will be submitted at the time of admission along with Fees.
5. I hereby undertake that I will not participate in any illegal affairs including ragging and agree to maintain the dignity and decorum of the institution.
6. As per the university regulations M.D.S. students appearing for University Examinations should have 80% attendance in both theory and practical's every year. UNDER NO CIRCUMSTANCES ATTENDANCE WILL BE CONDONED. Hence I will attend the classes regularly.
7. I am using 2 wheeler/ 4 wheeler vehicle bearing Registration No:_____& permission to park the vehicle in the college premises during class/ Library hours –Xerox copy of the RC Book etc., will be filed within one week/ Enclosed.
8. I hereby agree to furnish the change of Address / Telephone No's / Cell No's as and when it is available.
9. I hereby promise to pay the full course fees (Total 3Years) if! Discontinued in the middle under any circumstances.
10. I hereby declare that the information given above is true and correct. I further declare that I shall abide by the rules and regulations of the college and the university.
11. I hereby agree to pay the Caution Deposit (Refundable) fees as prescribed by the institution.
12. I hereby agree to pay BCLS course fee as prescribed by the RGUHS Circular No. (ACA/DCD/MISS/22/JRT/ECLS/2022-23 Date: 21/11/2022)

SIGNATURE OF THE PARENT / GUARDIAN

( )

Date:

SIGNATURE OF CANDIDATE

( )

Date:

Copy received

Signature of the candidate

SOMANATH EDUCATIONAL TRUST'S
ಎಸ್. ಬಿ. ಪಾಟೀಲ ದಂತ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಬೀದರ
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)
Accredited by National Assessment & Accreditation Council (NAAC)
(Recognized by National Dental Commission & Affiliated to Rajiv Gandhi University of Health Sciences)
Email: principalsbpdch@yahoo.co.in, Website: www.sbpatildentalcollege.in
Estd.: 1991 Ph.: 08482-232101, Fax: 08482-232101

Ref.: SET/SBPIDSR/BDR/2026-27/ Date:

(FOR MDS)

I hereby agree to produce the following documents at the time of admission.

Original Marks Cards / Certificates

1. S.S.L.C.(10th std) Certificate & 2nd PUC or 12th Std Marks card
2. KEA Registration form & Document verified list copy
3. Transfer certificate from the college where the B.D.S. Course completed
4. First to Final Year B.D.S. Marks cards
5. Provisional pass certificate from the college & University
6. Compulsory Internship Completion Certificate for period of one year
7. Registration Certificate from State Dental Council of India
8. Degree certificate issued by the concerned university
9. Migration Certificate from the concerned University if BDS done from other than Rajiv Gandhi University of Health Sciences, Bangalore
10. NEET Admit Card, NEET Score Card & RANK CARD
11. Eligibility Certificate from Rajiv Gandhi University of Health Sciences, Karnataka (Except those who studied BOS under Rajiv Gandhi University of Health Sciences,Bangalore)
12. 4 Nos. Passport size and 2 Nos. stamp size colour photographs of student
13. Passport size colour photographs of Father and Mother (one each).
14. Attempt Certificate from the college
15. Scheduled Caste/ Scheduled Tribe students should produce the Caste and Income Certificate issued by the Tahasildar for current academic year at the time of admission.
16. Submit the photocopy of the AADHAAR CARD of the students at the time of admission
17. OBC students should produce the concerned Certificate and Income Certificate from Tahasildar for current academic year at the time of admission.
18. Photocopy of the Pan card of Parents
19. Physical Fitness certificate with marks of identification
20. HK Domicile certificate
21. For NRI Students – Compulsory to submit NRI Sponsorer letter and Passport photocopy of the Sponsorer
22. NOC- from Ministry of Health & Family Welfare, Dept. of Health, Delhi (In case of foreign Nationals)
23. Passport & Visa copies in case of foreign students

Copy received

Signature of the candidate

SOMANATH EDUCATIONAL TRUST'S
ಎಸ್. ಬಿ. ಪಾಟೀಲ ದಂತ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಬೀದರ
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)
Accredited by National Assessment & Accreditation Council (NAAC)
(Recognized by National Dental Commission & Affiliated to Rajiv Gandhi University of Health Sciences)
Email: principalsbpdch@yahoo.co.in, Website: www.sbpatildentalcollege.in
Estd.: 1991 Ph.: 08482-232101, Fax: 08482-232101

Ref.:SET/SBPIDSR/BDR/2026-27/ Date:

CIRCULAR

Subject: Payment of College fee

Reference: Ref.: SET/SBPIDSR/BDR/20 26-27/_____ Dated:_ _ _ _ _ _ _ _

With reference to the above and in modification of earlier circulars the payment of fee in respect of both MDS & BDS are hereby directed that, under any circumstances the students have to pay the College fee on or before the specified date of every year irrespective of result. The details of fine & other information are furnished below.

Fine: FOR MDS STUDENTS·-

FEE TO BE PAID WITHOUT FINE UP TO_____	
Rs.2000/-per month (irrespective of any category)	Till one month i.e._____
Rs.10,000/- per month after the due date (irrespective of any category)	With Permission of Principal

Fine: FOR BDS STUDENTS·-

FEE TO BE PAID WITHOUT FINE UP TO_____	
Rs.1000/-per month (irrespective of any category)	Till one month i.e._____
Rs.3,000/- per month all the due date (irrespective of any category)	With Permission of Principal

INSTRUCTIONS TO STUDENTS:-

1. Students are not allowed to pay the University Examination fee, without clearing the College annual fee
2. Students who do not pay the fee even after _____ (for MDS students) and _____ (for BDS students), their names will be removed from the attendance Register and intimated to all the concerned Departments, Library, and Hostel. Further they will not be permitted to attend Theory/ Practical/ Clinical classes and internals.
3. Fee notice will be announced on the Notice Board of the College and no individual information will be sent to students / parents.
4. Re-admission will be made after payment of all the dues of the College and Hostel including fine as on the date of Re-admission and the fee for the same is Rs.1,000/-.

PRINCIPAL

NOTE:-
FEES AMOUNT SHOULD BE PAID THROUGH **DD/RTGS/NEFT** ONLY DRAWN IN FAVOR OF **"S. B. Patil Dental College and Hospital" PAYABLE AT BIDAR, Ac. NO.- 07012200051762,** BANK NAME-**CANARA RANK, IFSC CODE-CNRR0010701, MICR CODE - 585015106**

We have read the above circular and agreed to pay the college and hostel fees in time.

Signature of Parent/ Guardian **Signature of the Candidate**

Copy received

Signature of the Candidate

Copy to:-

1. The Cashier with information that list of students who have not paid the fees even after_____(for MDS students) and_____(for B D S students) may be submitted to the Principal further action.
2. Managers for information and to follow up the fees collection.

SOMANATH EDUCATIONAL TRUST'S
ಎಸ್. ಬಿ. ಪಾಟೀಲ ದಂತ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಬೀದರ
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)
Accredited by National Assessment & Accreditation Council (NAAC)
(Recognized by National Dental Commission & Affiliated to Rajiv Gandhi University of Health Sciences)
Email: principalsbpdch@yahoo.co.in, Website: www.sbpatildentalcollege.in
Estd.: 1991 Ph.: 08482-232101, Fax: 08482-232101

Ref.:SET/SBPIDSR/BDR/2026-27/ Date:

NAME OF THE CANDIDATE:_____

RAGGING AWARENESS AND INFORMATION

The Karnataka Education Act, I983 (Karnataka ActNo.1 of 995) Section 2(29) defines ragging as

Causing, inducing, compelling or forcing a students, whether by way of a practical joke or otherwise. To do any act which detracts from human dignity or violates his person or exposes him to ridicule or for bear form doing any lawful act, by intimidating, wrongfully restraining. Wrongfully confining, or injuring him or by using criminal force to him or by holding out to him any threat of such intimidation, wrongful restraint, wrongful confinement, injury or the use of criminal force"

The Karnataka Education Act, 1983 (Karnataka Act No.Iof1995) section 116 days down the penalty for ragging.

"No person who is a student in an educational Institute including on institution under the direct management of the university or of the Central Government shall commit ragging.

"Any person who contravenes sub section (1) shall, on conviction, be punished with imprisonment for a term which may extend to one year or with fine which may extend to two thousand or both"

Ragging is a Criminal offence punishable under many provisions of the Indian Penal code, also. In addition to prosecution, students committing the act of ragging arc also liable to being rusticated, dismissed and expelled from the college. The marks cards, character certificates and degree certificates ofsuch students arealso liableto beembossed in bold letters to theeffect that he/she had indulged in ragging.

Students of second, third and final year are warned to desist from ragging strictest possible disciplinary action will be taken against those found to indulge in ragging.

The students are also required to give an undertaking in the prescribed format to the college office, whenever demanded.

DO NOT RAG OR LET ANY ONE RAG OTHERS

A copy of this pamphlet is also being sent to parents/guardians through student. Along with 14 papers of Hon'ble Supreme court orders containing page no's1 to27 in respect of Ragging Matters.

Antiragging Affidavit Reference Number *: [ ]

PRINCIPAL

We, the undersigned student_____&
Parents_____read the above matter including copy of the Hon'ble Supreme court orders No.8878/2009(Arising out of SLP(C) 24295 of 2004) which is given by the Principal, S.B.PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH. BIDAR. Office of the Principal is also counseled at the time of admission to this college.

Copy received

Signature of the students

Date:

Copy received

Signature of the Parents

Date:

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGA
4th T Block, Jayanagar, Bengaluru - 560 041

Ref. No. ACA/DCD/FTC/UG-PG/Course/412/2020-21 Date: 16/12/2020

NOTIFICATION

Sub: Maximum Duration for Course completion.

Ref: 1. Auth/17/2007-2008 Dated: 19/09/2007.

2. RUG/Auth/DV/012/2016-17 was issued on 01/09/2016

3. ACA/DCD/PG-Ayur /400/2020 -21 Dated 07/10/2020.

Preamble:

RGUHS had issued a notification No. Auth/17/2007-2008 Dated: 19/09/2007 regarding "Fixation of term for completion of the UG/PG courses at RGUHS". It was notified that the student admitted to any UG/PG courses under RGUHS shall complete the course and pass the final examination in double the number of years specified for that course from the date of admission to that course with effect from academic year 2008-2009 and onwards.

However, it was noticed that only quite a few apex bodies have prescribed Maximum Duration for Course completion of the course. Resultantly, the syndicate at its meeting resolved to prescribe double the duration ceiling only to such degree program where the respective Apex body made express provision in its regulations. Amended notification RGU/Auth/DV/012/2016-17 was issued on 01/09/2016. RGUHS had issued another notification ACA/DCD/PG-Ayur /400/2020-21 Dated 07/10/2020 with subject "Revised term duration for Post-Graduation course in Ayurveda"

There are multiple notifications issued by university regarding the maximum duration for courses under different faculties.

Since the issue of these notifications by RGUHS, Apex body for Pharmacy has issued course regulations and has mentioned duration for completion of B.Pharm and M.Pharm courses "double the duration of the program". For Pharm. D and Pharm D (PB) maximum duration can be considered in similar manner. Various faculties under RGUHS have also taken decisions regarding maximum duration of completion for courses under them.

Copy Received

Signature of the Candidate

Signature of the Parent

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

In view of the notifications and Apex body regulations of various faculties, a common notification for all courses indicating the maximum duration of the course is required. Hence, in exercise of the powers vested under section 35 of RGUHS Act, 1994, the Maximum duration for completion for various courses under different faculties under RGUHS and the year of implementation is notified as below:

Sl. No	Name of the faculty	Name of the course	Duration of the course	Maximum duration for the successful completion of degree program.	Year of Implement ation from the batch
01	Medical	MBBS (UG)	4½ years + 1 year internship	10 years	2019-20
		M.D/M.S (PG)	3 years	6 years	2019-20
02	Dental	B.D.S	4½ years	09 years (Inclusive of internship)	2015-16
		M.D.S	3 years	6 years	2016-17
03	Pharmacy	B.Pharm	4 years	8 years	2016-17
		M.Pharm	2 years	4 years	2016-17
		Pharm.D	6 years	12 years	2016-17
		Pharm D (PB)	3 years	6 years	2016-17
04	Nursing	B.Sc Nursing (UG) -	04 years	08 years	2016-17
		P.B.B.Sc Nursing	02 years	04 years	2016-17
		M.Sc Nursing (PG) -	02 years	04 years	2016-17
05	Ayurveda	UG	4½ years + 1 year internship	10 years (including 1-year internship)	2017-18
		PG	3 years	06 years	2017-18
06	Homeopathy	BHMS	4½ years + 1 year internship	10 years (Inclusive 1 year of internship)	2016-17
		M.D (Homeopathy)	03 years	06 years	2016-17
07	Unani	UG	4½ years + 1 year internship	10 years (Inclusive 1 year of internship)	2017-18
		PG	3 years	06 years	2017-18
08	Naturopathy & Yogic Sciences	UG	4½ years + 1 year internship	10 years (Inclusive 1 year of internship)	2017-18
		PG	3 years	6 years	2017-18
09	AHS	UG	3 years + 1 year including internship	6 years	2020-2021
		PG	- 2 years	4 years	2020-2021
10	Physiotherapy	BPT (UG)	4½ (Including 6 months internship)	9 years	2008-2009
		MPT (PG)	2 years	4 years	2008-2009

Registrar

Copy to:

1. The Principal Secretary to Governor, Raj Bhavan, Bangalore - 560001
2. The Principal Secretary Medical Education, Health & Family Welfare Dept., M S Building, Dr. B.R. Ambedkar Veedhi, Bangalore - 01
3. The Director, Department of Medical Education, BMCRI old Building 1st Floor,Fort, K.R.Road Bangalore 560002
4. The Principals of all RGUHS affiliated colleges.
5. PA to Vice-Chancellor / PA to Registrar / Registrar (Eva.) / Finance Officer, Rajiv Gandhi University of Health Sciences, Bangalore
6. All Officers of the University Admission - affiliation section / Examination section / Fellowship courses
7. Guard File / Office copy.

ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka
4th "T" Block, Jayanagar, Bangalore – 560041
Ph.No. 080-29601937

ACA/DCD/MISS/22/JRT/ECLS/2022-23 **Date: 21/11/2022**

CIRCULAR

Sub: Mandating RGUHS-JeevaRaksha Trust's 1-day Basic Care and Life Support (BCLS) training for all Dental, AYUSH, Physiotherapy, Pharmacy, Allied Health Sciences final year graduate students and postgraduate students affiliated with RGUHS.

Ref: (1) Proceedings of 143rd Syndicate meeting held on 17/07/2019.
(2) Minutes of the RGUHS-JeevaRaksha Trust Meeting held on 04/08/2022, Chaired by Hon'ble Vice-Chancellor.

-**-

Preamble: JeevaRaksha Project was initiated in 2014 by Rajiv Gandhi University of Health Sciences (RGUHS) in collaboration with Swami Vivekananda Youth Movement, Mysuru, India with University of Utah, USA as technical partner. RGHUS-JeevaRaksha Trust was created as a special purpose vehicle to roll out certified skill courses in Emergency Care with a vision to save lives by providing the highest quality of emergency care in the "Golden hour" of emergency.

The BCLS course trains candidates to provide effective emergency skills (Cardiac compression, relieving choking, controlling life threatening haemorrhage) and leadership skills. The course also addresses common emergencies like stroke, snake bites, seizures, heart attack, etc. Basic management of COVID in communities has been included since April 2020. This course will transform our students to become life savers at their workplaces as well as in the community.

The maximum fee collectable per student has been capped at Rs. 5000. 30% of the course fee of Rs 1500 (Rs 500 as RGUHS certification fee and Rs. 1000 as JeevaRaksha training support and quality control expenses) should be deposited in the RGUHS JeevaRaksha account as certification and training support expenses. The institutions can utilise the 70% (Rs 3500) for local expenses and maintenance of skills lab, instructor honourarium, etc.

Institutions with adequate Simulation Facilities should apply for accreditation to RGUHS – JeevaRaksha Trust. Once accredited, Simulation Labs can collect up to a maximum of Rs.7,500 (Rupees Seven thousand five hundred only) per Candidate if simulation equipment is used for the programme, subject to the sharing of revenue as stated above.

The RGUHS- JeevaRaksha BCLS certification is valid for a period of five years from the date of completion. The certification is renewable by completing a refresher course after 5 years.

The college faculty conducting the program in other institutions as instructors/observers shall be on RGUHS official duty. Their expenses will be covered by the host institution.

The establishment of training facilities according to the RGUHS-JeevaRaksha 2020 guidelines (attached with this circular) for mandatory courses shall be incorporated in to the LIC Inspection criteria.

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, in pursuance of the decision of Syndicate it is notified as below.

"Basic Care and Life Support (BCLS) 1-day course is made mandatory for the Dental, AYUSH, Physiotherapy, Pharmacy, Allied Health Sciences final year graduate students and postgraduate students affiliated with RGUHS and a prerequisite for completion of graduation and post-graduation in RGUHS affiliated institutions. The degree certificates will only be issued on submitting RGUHS-JeevaRaksha BCLS completion certificate to the University"

By Order

22/11

REGISTRAR

Copy to:

1. The Principal Secretary to Governor, Raj bhavan, Bengaluru – 560001
2. Secretary Medical Education, M S Building, B R Ambedkar Veedhi, Bengaluru – 01
3. The Principal Secretary, Health and Family Welfare Department, Arogya Soudha, Bengaluru.
4. The Heads of all affiliated colleges of RGUHS, Bengaluru.
5. PA to Vice Chancellor/ PA to Registrar/ Registrar evaluation (Eva.)/ Finance Officer, Rajiv Gandhi University of Health sciences, Bangalore (Eva.)/ Finance Officer, Rajiv Gandhi University Health sciences, Bengaluru
6. All officials of University Examination Branch/ Academic Section.
7. CEO, RGUHS-JeevaRaksha Trust
8. Guard File/ Office copy

NON-PRACTICING SELF-DECLARATION

Date: _____

TO WHOMSOEVER IT MAY CONCERN

I, Dr. _____, S/o / D/o _____, bearing Dental Council of India Registration No. _____, and a Bona-fide student of the Master of Dental Surgery (MDS) course in the Department of _____ at **S. B. Patil Institute for Dental Sciences & Research Bidar.**

I hereby solemnly declare that I have been pursuing the MDS course since _____. I further declare that during the entire period of my MDS course, I will not engage in any private dental/medical practice, employment, consultancy, or any other professional activity outside the institution. I will remain as a full-time postgraduate student and I will devote myself exclusively to the academic and clinical training prescribed under the MDS programme.

I understand that if any information furnished by me is found to be false or incorrect, I shall be liable for appropriate disciplinary and legal action as per the applicable rules and regulations of the NDC.

I am submitting this declaration for the purpose of producing it before the concerned authority.

Place: _____

Signature of the Student

Dr. _____

MDS Department: _____

Year of Admission: _____