

Ref.No.KAHER/19-20/D- 090919013

9<sup>th</sup> September 2019

## ADMISSION NOTIFICATION\*

### **ADMISSION FOR DENTAL COURSES FOR 2019-20**

#### **AGAINST UNFILLED BDS SEATS**

(Deemed University – Stray Vacancy Round)

(\*Subject to change based on directions of MCC/DCI/Court or any authorities)

In accordance with the directions of the DGHS / MCC and notice dated: 7<sup>th</sup> September, 2019 MCC website, the left over Under-Graduate Dental seats for the academic year 2019-20 will be surrendered to the KLE Academy of Higher Education and Research (**KAHER**), **Deemed-to-be-University, Belagavi, Karnataka**. For this, KAHER will be conducting counselling of stray vacancy round for admission against the vacant seats in Under-Graduate Dental courses at **KLE Vishwanath Katti Institute of Dental Sciences, Belagavi**, constituent units of the KAHER. The counseling will be conducted as per the guidelines issued by DGHS/MCC.

The list of candidates who are eligible for admission under stray vacancy round as per the Interse-Merit which is going to be uploaded on the website of MCC. Following is the schedule for admission process against vacant seats:

#### **FOLLOWING IS THE TENTATIVE SCHEDULE\*:**

Course	Seats Available	Eligibility	Date	Registration	Counselling Schedule	Annual Fees (INR) MNG/Paid Seats
<b>BDS</b>	<b>15</b>	<i>Candidates list provided by DGHS</i>	<b>13.09.2019</b>	Start time: 4:00 PM  End Time: 5.00 PM	Start Time: 5:30 PM onwards	Rs.3,89,000/-

**VENUE: KLE Academy of Higher Education and Research, JNMC Campus, Nehru Nagar, Belagavi, Karnataka.**

**Note:-**

- 1) **The physical presence of the candidate at the counseling is mandatory.** Candidates should register their names in the attendance register kept at the venue for admission process. The seats will be allotted only on the inter-se merit among the registered candidates.
- 2) The candidates registering after **5.00 PM of 13.09.2019** will not be considered for counseling.

- 2 -

- 3) Candidates attending counseling should satisfy the eligibility requirement as per the NEET Information Brochure - 2019 / MCC and the minimum eligibility requirements as prescribed by the Dental Council India Regulations for admission to BDS courses.
- 4) Candidates should come along with **original documents** as per ANNEXURE-I along with the prescribed fee in the form of Demand Draft / RTGS/NEFT as detailed on the website without which admission will not be given please note.
- 5) Candidates are directed to go through the University UG admission process – 2019 as given in the University website.
- 6) Counseling may extend late hour or next day ,incase delay of surrendering of seat /eligible candidate list from MCC/DGHS to institute.

**Prof. Dr. V.D.PATIL**  
**Registrar**

**Following original documents along with TWO sets of attested photocopies to be submitted at the time of admission:**

**ANNEXURE – I**

Sl. No	Arrange the following documents in the given sequence only
<i>For GENERAL &amp; NRI Seats</i>	
<b>1</b>	NEET Admit Card issued by NTA-2019
<b>2</b>	Score Card / Rank Letter issued by CBSE (NTA-2019)
<b>3</b>	10 <sup>th</sup> / SSLC Standard marks Card for proof of Date of Birth
<b>4</b>	Marks Card of 10+2 (12 <sup>th</sup> )
<b>5</b>	Transfer Certificate / School Leaving / Migration Certificate (if applicable)
<b>6</b>	Two recent passport-sizes colored photographs with name and date.
<b>7</b>	Online transfer acknowledgement / Demand Drafts (of Nationalized / Scheduled Bank) for fees
<b>8</b>	Photo Copy of PAN CARD (Candidate & Parent) for Indian Residents
<b>9</b>	Copy of Aadhaar Card Compulsory for Indian Residents
<b>10</b>	Copy of Caste Certificate (if Applicable)
<b>11</b>	Annexure II
<b>12</b>	<p><b>I. Mandatory Documents submission by NRI/Foreign Candidates :</b> NRI / NRI ward/ OCI / PIO / Foreign Nationals Candidates:</p> <ol style="list-style-type: none"> <li>a) Candidate's parents resident certificate issued by the Embassy of that country complying with the Income Tax Rules / any other certificates to establish evidence that they are resident of that country / affidavit on Rs.100/- e-stamp paper to that effect.</li> <li>b) Candidate's passport / VISA / Resident VISA.</li> <li>c) Citizenship of the candidate.</li> <li>d) Income Tax Documents required as per the Income Tax Act 1961.</li> <li>e) If NRI Ward - with Ward Certificate.</li> </ol> <p><b>II. Mandatory Other documents as prescribed in MCC website:</b></p> <ol style="list-style-type: none"> <li>a. Affidavit of the person who is NRI and the sponsorer.</li> <li>b. Documents claiming that the sponsorer is an NRI (Passport, Visa of the sponsorer)</li> <li>c. Relationship of NRI with the candidate as per the court orders of The Hon'ble Supreme Court of India in case W.P.(c) No. 689/2017-Consortium of Deemed Universities in Karnataka (CODEUNIK) &amp; Ans. Vs Union of India &amp; Ors. dated 22-08-2017</li> <li>d. Affidavit from the sponsorer that he/ she will sponsor the entire course fee of the candidate.</li> <li>e. Embassy Certificate of the Sponsorer.</li> </ol>
<b>13</b>	<p>Duly signed Registration copy of information. <i>(Kindly click the link and provide the online information)</i></p> <p style="text-align: center;"><b>Dental (BDS)</b>   <a href="https://dental.contineo.in/admission/index.php">https://dental.contineo.in/admission/index.php</a></p> <p>Note: To be filled after confirmation of admission.</p>
<b>14</b>	<p>Anti ragging undertaking by students and parents/guardians. (This has to be submitted within one week, once the admission is confirmed).</p> <p><a href="http://www.antiragging.in">www.antiragging.in</a></p>

**FEES STRUCTURE FOR MBBS / BDS COURSE FOR THE YEAR 2019-20:**

Fees Link : <https://kledeemeduniversity.edu.in/admn/ug-fees-2019.pdf>

ANNUAL FEE STRUCTURE		
SL. NO.	COURSE & COLLEGE NAME	ANNUAL FEES (INR) MNG/PAID SEATS
1.	<b>BDS</b> (KAHER V. K. Institute of Dental Sciences, Belagavi)	<b>Rs.3,89,000/-</b>

***Mode of Payment: - RTGS or Demand Draft***

**• RTGS Details SYNDICATE BANK, BELAGAVI**

Account No	05042140000240
Account Name	THE REGISTRAR KAHER FOR ADMISSIONS
IFSC Code	SYNB0000504
MIRC Code	590025005
Branch Name	Syndicate Bank, Nehru Nagar, Belagavi

**OR**

**• RTGS Details AXIS BANK, BELAGAVI**

Account No	916010049680949
Account Name	THE REGISTRAR KLE DEEMED UNIVERSITY
IFSC Code	UTIB0002941
Branch Name	AXIS BANK , Kadolkar Galli ,Belgaum

**OR**

Demand drafts should be drawn in favor of **THE REGISTRAR KAHER FOR ADMISSIONS, Payable at Belagavi (Belgaum)**. (Demand Draft should be drawn on any nationalized / scheduled Bank) The requisite Demand Draft **drawn on any Nationalized / Scheduled Bank** towards tuition fee for the course concerned shall be deposited at the admission counter. (Candidate shall mention his / her name, NEET Rank at the back of the Demand Draft.) The Demand Draft shall be purchased by the candidate / parents only. In case, the Demand Drafts are purchased by any person other than the candidate / parents for paying the tuition fee, an Undertaking has to be provided in the format prescribed by the University.



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited '**A**' Grade by NAAC (2<sup>nd</sup> Cycle)

Placed in **Category 'A'** by MHRD (GoI)

*JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India*

FAX: 0831-2493777

Web: <http://www.kledeemeduniversity.edu.in>

E-mail: [info@kledeemeduniversity.edu.in](mailto:info@kledeemeduniversity.edu.in)

## ANNEXURE – II

### MBBS / BDS COURSE DISCONTINUATION BOND FORMAT

#### UNDERTAKING for General / NRI

(to be stamped on Rs.200/- stamp Paper)

I, Mr/Ms..... (Name of the Candidate), aged about.....years,

S/D/o.....(Name of the Parents resident of .....

(Permanent/present address of Parent) do hereby swear an oath as follows:

I, have been selected to the 1<sup>st</sup> MBBS course at **Jawaharlal Nehru Medical College, Belagavi** / 1<sup>st</sup> year of BDS course at **KLE V. K. Institute of Dental Sciences, Belagavi** a constituent college of **KLE Deemed University**, Deemed-to-be University under Section 3 of the UGC Act 1956 through the Common Counseling conducted by the Directorate General of Health Services (DGHS), Government of India, New-Delhi through NEET Rank No..... (All India Rank).

In consideration of admission to 1<sup>st</sup> year **MBBS / BDS** course, I shall complete the MBBS/ BDS course and accordingly undertake to pay all the tuition and other fees as per University Norms.

In the event of my discontinuation of **MBBS/ BDS** course due to any reason, I along with my parent /guardian hereby undertake to pay balance tuition and other fees University, Belgaum payable for the entire course without any demur.

I have executed this affidavit in sound mind, out of free will without any force or coercion to either sign or execute this Affidavit.

**Signature of the Candidate**

**Signature of the Parent/Guardian**

#### VERIFICATION

This is to verify that the contents of this affidavit are true to the best of my knowledge, information and belief.

Verified at .....on this the day of ..... 2019.

**Identified by me**

**Advocate**

**No. of corrections.**

**DEPONENT**



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JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

Phone: 0831-2444444

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E-mail: [info@kledeemeduniversity.edu.in](mailto:info@kledeemeduniversity.edu.in)

## Annexure-III

### KLE DEEMED UNIVERSITY, BELAGAVI

#### Undertaking for Demand Draft

**Format of the Undertaking to be submitted if the Demand Drafts are purchased by any person other than the candidate/parents for paying the tuition fee.**

I \_\_\_\_\_ the  
undersigned.....  
.....  
S/O \_\_\_\_\_ /  
D/O.....  
.....  
Address.....  
.....  
.....have purchased the demand draft bearing  
number.....  
.....dated.....for Rs.....favoring, Registrar,  
KLE Deemed University for paying tuition fee of Dr.  
.....(Rank  
No.....) who is my (mention the relation with the  
candidate).....

**Name of the person who has purchased the Demand draft:**

**Signature of the person who has purchased the Demand draft**

**Complete Name, Address:**

**PAN Number :**

**(Photocopy of PAN card to be enclosed)**