Important Dates of UPCAT-DENTAL (2014)

DETAILS		DATE
Information Brochure available from	:	1 April, 2014
Last date for receiving completed application form at P.O. Box No. 11, Izzatnagar Post Office, Bareilly - 243122	:	20 May, 2014
Date of written test UPCAT-DENTAL	:	1 June, 2014 (Time - 2 pm to 5 pm)
Date of Declaration of result	:	20 June, 2014
Date of Counseling	:	Will be displayed on website of association in the 1st week of July, 2014

Note : ◆ Send application form by ordinary post only.
◆ Speed post and courier will not be accepted at P.O. Box No. 11.
◆ **Preserve photocopy of application form for future references.**

Cost of Application Form (Examination Fee)

For Indian Resident			
	by cash	:	Rs. 1000
	by demand draft	:	Rs. 1050
For NRI/PIO candidates		:	US$ 50

The forms shall be issued in person against cash payment or by Demand Draft in favour of **"Association of Pvt. Medical and Dental Colleges of Uttar Pradesh"** payable at **"Bareilly"** only. The candidates in their own interest are advised to purchase the application form only from the member institutions who are participating in this test. The association does not take any responsibility for duplicate application forms, which will be summarily rejected. **Forms & brochure can also be download from website www.upcatdental.net. If downloaded from website then fill it as per instructions and attach D/D of Rs. 1000/- in favour of Association of Pvt. Medical and Dental Colleges of Uttar Pradesh, payable at Bareilly.** Now send it to **Co-ordinator UPCAT-Dental 2014, Keshlata Hospital, Delapeer, Bareilly (U.P.) Pin-243 122** by speed post or courier.

The completed application form purchased from any college must be sent to P.O. Box No. 11, Izzatnagar Post Office, Bareilly - 243122 in the printed envelope supplied with form for this purpose.

The Application received after last date will not be accepted / entertained.

Uttar Pradesh

The New Destination for

Professional Education to become doctor (✚)

Students and parents are looking towards Uttar Pradesh as the preferred destination for quality Professional education. Uttar Pradesh with its rich culture and millennium cities like Lucknow, Kanpur, Bareilly, Moradabad, Ghaziabad, Meerut, Noida and Greater Noida is fast becoming the hub of professional education in Northern India.

Parents desirous of quality professional education do not have to go far now as the same or even better standards of professional education are being offered close to their homes.

With the policies of the Government to encourage participation of private sector in setting up of Professional educational colleges, several colleges offering Programmes in the area of Management. I.T., Engineering, Dental and Medical Science have been set up in the Uttar Pradesh.

This opportunity for students wishing to make a career in such a noble profession of dentistry along with the chance to excel in research is not to be missed by the student fraternity.

Introduction

The association of Private Medical & Dental Colleges of Uttar Pradesh herein after referred as "The Association" is duly registered with the Registrar Societies under the Societies Act, having Registration No. 2329 dated 27/3/2004. This association shall be conducting a common entrance test for admission in BDS course for the Academic Year 2014-15.

The said entrance test shall be conducted in the name of Uttar Pradesh Common Admission Test (UPCAT-DENTAL) for admission of candidates for all seats in the private dental colleges of the Uttar Pradesh who are participating in this test for the ensuing academic year 2014-15.

Test Conducting Agency

The association has assigned the responsibility of conducting the test with full transparency to a neutral agency. The complete procedure for conducting the test, evaluation of answer sheets and declaring the result will be controlled by that agency. The Association / colleges will be provided result by that agency for completing the subsequent procedure for admission of candidates at their colleges.

Duration of Course

Total duration of B.D.S. Course is four years plus one year compulsory internship. For details log on to website of Dental Council of India : www.dciindia.org

Aims & Objectives of UPCAT-DENTAL

The UPCAT-DENTAL has been formulated to provide a reliable judge mental parameter for students desirous of joining private Dental College in U.P. The objective of UPCAT-DENTAL is to segregate and select candidates with the right aptitude and knowledge, which is suitable for pursuing a professional course in Dentistry. The brief details of the institutions participating in this test and number of seats ae given below-

DETAILS OF THE MEMBER INSTITUTIONS PARTICIPATING IN UPCAT - DENTAL 2014

Sl. No.	Name & Address of the Colleges /Institutions	Code	Total Seats	Year of Estd.	Status	Courses	Phone, Fax No., Website & Name of the contact person
1.	Babu Banarasi Das College of Dental Sciences Sector 1, Dr. Akhilesh Das Nagar, Faizabad Road, Lucknow - 227105	52	100	2000	Recognised	MDS BDS	Ph.: 0522-391-1000, 1001, Fax : 0522-3911085 E-mail : office@bbdcods.edu.in Website : www.bbdcods.edu.in Contact : R.K. Agarwal 9415019720, 9450021656
2.	Career Institute of Dental Sciences & Hospital, Sitapur-Hardoi Bypass Road, Near I.I.M., Lucknow - 226020	53	100	2001	Recognized	MDS BDS	Ph.: 0522-2851001, Fax : 0522-2851058 Mobile : 9415403074, 9839570113 E-mail : careerdental@careertrust.in Website : www.careertrust.in Contact Person : Mr. Azmat Ali (3105505) Mr. R. U. Siddiqui (9415021932)
3.	Chandra Dental College & Hospital Village : Dharsania, Post : Asaini Safedabad, Barabanki - 225001	54	100	2003	Recognized	MDS BDS	Ph.: 05248-223533, 224039 Fax : 05248-228391 E-mail : mail@chandradentalcollege.com Website : www.chandradentalcollege.com Contact Person : Dr. C.P. Chaudhary (09415579117) Mr. V.K. Sharma (09415010203, 09450461487)
4.	Dental College Azamgarh Itaura, Chandeswar Azamgarh - 276138	55	100	2005	Recognised	BDS	Ph.: 05462-245299, 245639, Fax : 05462-245299 E-mail : dcazamgarh@yahoo.co.in Website : www.aicceds.org Contact Person : Dr. Krishan Mohan Tripathi Mobile : 9415683844
5.	D. J. College of Dental Sciences & Research, Ajit Mahal, Niwari Road, Modinagar, Ghaziabad - 201204	56	100	1999	Recognised	MDS BDS	Phone : 01232-250882, 83, 84, Mob.: 09412218655 E-mail : djadmission@gmail.com Website : www.djdental.org Contact Person : Mrs. Vineeta Singh (09368564770, 09997448849)
6.	Inderprastha Dental College & Hospital 46/1, Site IV, Industrial Area, Sahibabad, Ghaziabad - 201010	58	100	2006	Recognised	MDS BDS	Ph.: 0120-4176700, 4176728 Fax : 0120-4176729 E-mail : ipdentalcollege@yahoo.com Website : www.ipdentalcollege.com Contact Person : Ms. Surabhi (09910760007)
7.	I.T.S Centre for Dental Studies & Research Delhi - Meerut Road Muradnagar, Ghaziabad - 201206	59	100	2000	Recognised	MDS BDS	Ph.: 01232-225380/81/82 Fax : 01232-225382 E-mail : dental@its.edu.in Website : www.its.edu.in Contact Person : Mr. Sandeep Gambhir (8447753533, 8447753521, 844775322)
8.	I.T.S. Dental College, Hospital & Research Centre 47, Knowledge Park-III Greater Noida - 201308	60	100	2006	Recognised	MDS BDS	Ph.: 0120-2331083, 89, 82 Fax : 0120-2331083 E-mail : dentalgn@its.edu.in Website : www.its.edu.in Contact Person : Mr. Anil Kumar (7838555877, 8447753522, 7838555878)
9.	Institute of Dental Science Pilibhit Bypass Road, Opposite Suresh Sharma Nagar, Bareilly - 243006	61	100	2002	Recognised	MDS BDS	Ph. : 0581-2526053, 2526153 Fax : 0581-2526054 E-mail : keshlatahospital@sify.com Website : www.rmcbareilly.com Contact Person : Mr. Atul Shinghal (09359102935)
10.	Institute of Dental Studies & Technologies Delhi-Meerut Road, NH-58, Kadrabad Modinagar - 201201	62	100	2001	Recognized	MDS BDS	Ph.: 01232-231516, 231517, Fax : 01232-224958 E-mail : idst@mail.com, Website : www.idst.in Contact Person : Dr. Vikram Gandhi (09810157714)

Sl. No.	Name & Address of the Colleges /Institutions	Code	Total Seats	Year of Estd.	Status	Courses	Phone, Fax No., Website & Name of the contact person
11.	Kalka Dental College Partapur Bypass Road, Meerut - 250006	63	100	2006	Recognised	BDS	Ph.: 0121-2440348, 2440817 Fax : 011-2627871 E-mail : ani_mehrotra@yahoo.com Website : www.kalkaeducationsociety.com Contact Person : Mr. Anil Mehrotra (9811011025)
12.	Kanti Devi Dental College & Hospital NH-2, Post Chhatikara, Mathura-Delhi Road, Mathura - 281001	64	100	2001	Recognised	MDS BDS	Ph.: 0565-2530765, 09690440001, 9897303796 Fax : 0565-2825050, 2825585 E-mail : kddc@sify.com Website : www.kddc.in Contact Person : Mr. Manoj Agarwal (09897303796) (09897955556)
13.	Kothiwal Dental College & Research Centre Mora Mustaqueem, Kanth Road, Moradabad - 244001	65	100	1999	Recognised	MDS BDS	Ph.: 0591-2452995, Fax : 0591-2452996 E-mail : kdc_rc@kothiwaldentalcollege.com Website : www.kothiwaldentalcollege.com Contact Person : Mr. Sanjay Sinha (9412244680)
14.	Maharana Pratap Dental College & Hospital Kothi Mandhana, Kanpur - 208017	66	100	2005	Recognised	BDS	Ph.: 0512-2770093-95 Fax : 0512-2770094 E-mail : coordinator.mpdc@mpgi.in Website : www.mpgi.in Contact Person : Mr. Shailendra Bhadauria Ph.: 0512-2007792, M: 94157128646, 9415079941
15.	Purvanchal Institute of Dental Sciences AL-4, Sector-7, GIDA Gorakhpur - 273209	67	100	2006	Recognised	BDS	Ph.: 0551-6450319/20, Fax : 0551-2203874 E-mail : pidsgkp@rediffmail.com Website : www.pidsgkp.org Contact Person : G. N. Singh (09935506557) Kuldeep Singh Arora (09935530677)
16.	Rama Dental College Hospital & Research Centre, A/1-8, Lakhanpur (Near Kanpur University) Kanpur - 208024	68	100	1996	Recognised	MDS BDS	Ph.: 0512-2580611, 2584223 Fax: 0512-2583875 E-mail : rdc@ramagroup.in Website : www.ramagroup.in Contact Person : Mrs. Shobha Nair (09005850311, 08009008080)
17.	Saraswati Dental College 233, Tiwari Ganj, Faizabad Road, (Via Chinhat), P.O. Jaggour Lucknow - 227105	69	100	1998	Recognised	MDS BDS	Ph.: 0522-6560975-79, 0522-3071006-07 Fax : 0522-3071005 E-mail:contact@sdcindia.ac.in & info@sdcform.org Website : www.sdclucknow.com
18.	Shree Bankey Bihari Dental College & Research Centre, Masuri Canal, NH 24, Masuri Ghaziabad - 201302	70	100	2004	Recognised	MDS BDS	Ph.: 0120-2677813/870, 2678924/25, 2678927 Fax : 0120-2678925 E-mail : sbbdentalcollegehospital@gmail.com Website : www.subbdentalcollege.com Contact Person : Dr. Gaurav Mittal 09310352014 Dr. R. K. Sahoo 09910444992
19.	Sardar Patel Post Graduate Institute of Dental & Medical Sciences Sardar Patel Chowk, "Chaudhary Vihar" Utrathia, Raibareli Road, Lucknow - 226025	71	100	1996	Recognised	MDS BDS	Ph.: 0522-2442030-35, Fax : 0522-2440335 E-mail : spidmsindia@gmail.com Website : www.sppgidms.org Contact : Mr. Kailash Chandra 9451188900
20.	Subharti Dental College Subharti Puram, Delhi-Haridwar Bypass Road, NH-58, Meerut - 250005	72	100	1996	Recognised	MDS BDS	Ph. : 0121-2439043, 2439052 Fax : 0121-3058030 E-mail : subharti.uni@gmail.com Website : subharti.org Contact Person : Dr. Nikhil Srivastava (09639000645, 08392929345)
21.	School of Dental Sciences Sharda University Plot No.-32, 34, Knowledge Park-III Greater Noida - 201306	73	100	2006	Recognised	MDS BDS	Ph.: 0120-3121001/2, Fax : 0120-4699022 E-mail : admission@sharda.ac.in Website : www.sharda.ac.in Contact Person : Mr. Rajeev Gupta, Director Admission 08800998899

- For further details about above member institutions, the candidates are advised to visit the websites of the member institutions.
- **Reservation policy framed by Hon'ble Supreme Court of India, Govt. of India and Govt. of Uttar Pradesh will also be applicable.**

Eligibility Criteria for Candidates Appearing in UPCAT-DENTAL

AGE

Only those candidates whose date of birth falls on or before 31st December, 1997 (atleast 17 years of age as on 31st December, 2014) are eligible to apply. Date of birth as recorded in High school / ICSE or its equivalent certificate will be taken as accepted.

DOMICILE

The proposed entrance examination will be of All India character and students not only from Uttar Pradesh domicile but also from any part of India as well as Foreign Nationals / Non-Resident Indians are eligible to appear in this UPCAT-DENTAL 2014-15 provided the candidate fulfill other eligibility criteria for admission in BDS courses as per the rules & regulations of Dental Council of India.

QUALIFICATION

The candidate must have passed the 10+2 examination i.e. I.C.S.E / Intermediate examination or its equivalent comprising of a curriculum of Physics, Chemistry, Biology and English from the recognized Board or University. The candidate must have passed in all the above subjects and obtained a minimum of 50% marks in Physics, Chemistry, Biology and English taken together in the qualifying examination. Candidates belonging to SC / ST / OBC category would require in Physics, Chemistry, Biology and English a minimum 40% marks as against the 50% marks for the General category candidates.

The candidates who are appearing for the qualifying examination (XII) and result is not yet available are also eligible to appear in this Test but such candidates shall submit the mark sheet of the qualifying examination (XII) to the member College at the time of being called for admission and must have secured 50% marks in PCBE as stated above.

The candidates must qualify 10+2 exam before taking the admission in BDS course.

PATTERN OF UPCAT-DENTAL

1. All candidates should appear for the Uttar Pradesh Common Admission Test (UPCAT-DENTAL). The entrance examination will comprise of an objective type examination of 180 minutes duration containing 200 questions of 200 marks. There will be 50 questions each for Physics, Chemistry, Zoology & Botany. The syllabus for entrance examination will be as per the 10+2 examination (ICSE / CBSE / U.P. Board or equivalent). The question paper will be given in English only. The candidate is required to answer 200 MCQs in 3 hours. Each question shall carry equal marks.

2. All questions will be objective type with Multiple (1, 2, 3, 4) choice of which, only one will be the appropriate response and therefore the correct choice. Each correct answer will be awarded one mark. Zero marks shall be given to no response. There will be no negative marking for incorrect answer or more than one choice indicated against a question.

MARKING THE OMR ANSWER SHEET

Answer Sheets are scanned by machine and scores computed. Accuracy in scoring is dependent on the examines marking their answer sheets properly and the completeness of their erasures when used. Therefore, accurate scoring is dependent on your strict adherence to the following procedures :

Answer sheets have three parts : Part A, Part B and Part C. Part A is to be filled in with ink while Part B and Part C should be filled in with HB Pencil only. The method of filling the answer sheets is given as under (refer to sample attached).

PART - A (To be filled in with ink)

1. Name	Restrict your name to the boxes given in the form.
2. Date of Birth	Enter as applicable (Ex. 10 April, 1982)
3. Address	This is meant for your complete address.
4. Test Date	Enter test date (Ex. 19th May, 2013)
5. Candidate's Signature & Invigilator's Signature	This is to be signed in front of the invigilator.

PART - B (To be shaded in with HB Pencil only)

6. Name of the Candidate	Restrict your name to the boxes given in the form.
7. Centre Code	Enter your centre code as applicable (Ex. 191)
8. Booklet Series	To be filled as applicable (Given on Question Paper)
9. Examination Roll No. (Nine Digit)	Example : 550001000 (Starting from left box to right box)

PART - C (Reverse Side) - To be shaded in with HB Pencil Only

Ensure that you have filled and signed side 1 and thereafter fill the answer exactly as per the questions given or else your answers are likely to be evaluated wrong.

The method of shading the circles has been indicated in "Important Instructions" on Side 1 of the answer sheet and these must be strictly followed. No calculator is allowed to be used in the test.

Note : It is your responsibility to make certain that you understand and follow the directions for completing your answer sheet.

Candidate should not indicate the answer in any other way (i.e., tick mark, cross, dot line etc. are not accepted). Please do not make any stray marks on the answer sheet.

If more than one circle is darkened, or if the response is marked in wrong manner, it shall be treated as a wrong answer.
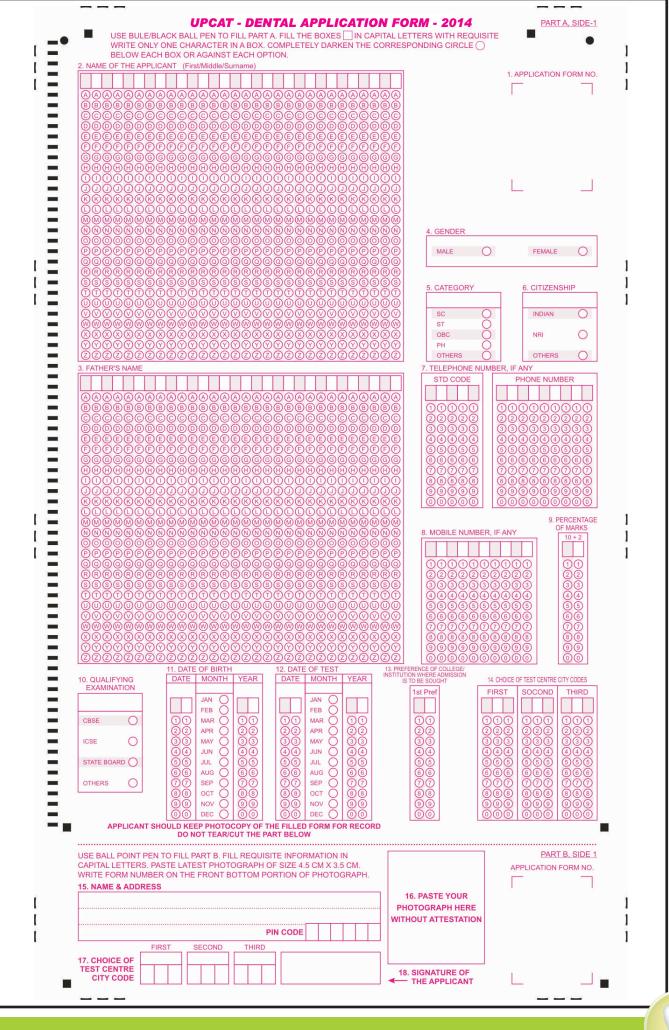
If candidate wants to change any answer on the answer sheet, he / she must erase completely the existing pencil mark and then darken the appropriate circle with pencil.

Candidate must ensure that no visible mark is left after erasing the wrong answer.

Candidate should not do any rough work or writing work on the Answer Sheet. All rough work should be done in the Examination Booklet.

The order of question is not the same in all Examination Booklets; the pages are jumbled. So, candidates should not change their Examination Booklet during the examination. If you do so, your answers would be marked wrong.

No request for revaluation of answer sheet shall be entertained.

UPCAT - DENTAL APPLICATION FORM - 2014

USE BULE/BLACK BALL PEN TO FILL PART A. FILL THE BOXES ☐ IN CAPITAL LETTERS WITH REQUISITE
WRITE ONLY ONE CHARACTER IN A BOX. COMPLETELY DARKEN THE CORRESPONDING CIRCLE ◯
BELOW EACH BOX OR AGAINST EACH OPTION.

2. NAME OF THE APPLICANT (First/Middle/Surname)

1. APPLICATION FORM NO.

3. FATHER'S NAME

4. GENDER

MALE ◯   FEMALE ◯

5. CATEGORY

SC	◯
ST	◯
OBC	◯
PH	◯
OTHERS	◯

6. CITIZENSHIP

INDIAN	◯
NRI	◯
OTHERS	◯

7. TELEPHONE NUMBER, IF ANY

STD CODE   PHONE NUMBER

8. MOBILE NUMBER, IF ANY

9. PERCENTAGE OF MARKS

10 + 2

10. QUALIFYING EXAMINATION

CBSE	◯
ICSE	◯
STATE BOARD	◯
OTHERS	◯

11. DATE OF BIRTH

DATE | MONTH | YEAR

JAN ◯ FEB ◯ MAR ◯ APR ◯ MAY ◯ JUN ◯ JUL ◯ AUG ◯ SEP ◯ OCT ◯ NOV ◯ DEC ◯

12. DATE OF TEST

DATE | MONTH | YEAR

JAN ◯ FEB ◯ MAR ◯ APR ◯ MAY ◯ JUN ◯ JUL ◯ AUG ◯ SEP ◯ OCT ◯ NOV ◯ DEC ◯

13. PREFERENCE OF COLLEGE/ INSTITUTION WHERE ADMISSION IS TO BE SOUGHT

1st Pref

14. CHOICE OF TEST CENTRE CITY CODES

FIRST | SOCOND | THIRD

**APPLICANT SHOULD KEEP PHOTOCOPY OF THE FILLED FORM FOR RECORD
DO NOT TEAR/CUT THE PART BELOW**

USE BALL POINT PEN TO FILL PART B. FILL REQUISITE INFORMATION IN
CAPITAL LETTERS. PASTE LATEST PHOTOGRAPH OF SIZE 4.5 CM X 3.5 CM.
WRITE FORM NUMBER ON THE FRONT BOTTOM PORTION OF PHOTOGRAPH.

APPLICATION FORM NO.

15. NAME & ADDRESS

PIN CODE

16. PASTE YOUR PHOTOGRAPH HERE WITHOUT ATTESTATION

17. CHOICE OF TEST CENTRE CITY CODE

FIRST | SECOND | THIRD

18. SIGNATURE OF THE APPLICANT ←

19. ADDRESS (DO NOT REPEAT YOUR NAME HERE)

First Line of Address

Second Line of Address

Third Line of Address

Forth Line of Address

20. PIN CODE

21. DECLARATION BY APPLICANT : I hereby affirm that the particulars filled by me in this form are true and correct.
I have read and understood the terms and conditions of the test and agree to abide by those.

Date : ....

Signature of Applicant (Use ball Point Pen) : ....

APPLICANT SHOULD KEEP PHOTOCOPY OF THE FILLED FORM FOR RECORD

DO NOT TEAR/CUT THIS PART

PART B, SIDE 2

22. UPCAT DENTAL APPLICATION FORM NO. :

23. UPCAT DENTAL TEST DATE : D D M M Y Y

Instructions for Filling the OMR Application Form

The application form provided is Optical Mark Reader (OMR) type for computerized processing. The OMR Application Form in the envelope is already folded in a particular manner. Please ensure that after filling this form, it is folded exactly in the same manner and kept in the same envelope. **Candidate must keep a photocopy of the Application Form for any future reference.**

Do not Staple, Pin, Wrinkle, Scribble, Tear, Wet or Damage this Form. Filled in OMR Application Form should be dispatched to Post Box Address in the same envelope (Address already printed) to **P. O. Box No. 11, Izzat Nagar Post Office, Bareilly-243122.**

You should start filling the OMR Application Form, only after reading and understanding the instructions completely. Use only blue or black pen for filling the form and shading the ovals. Use soft rubber / eraser if you want to erase shading over an oval. Avoid multiple shading of ovals in a column as the scanning machine ignores multiple shading.

It is your personal responsibility to ensure correctness in filling OMR Application Form. Please remember incorrect filling up of form will result in wrong information getting stored in the computer.

Detailed guidelines for filling each item in the OMR Application Form are given below :

Each item mentioned hereunder relates to corresponding item of the OMR Application Form. The OMR Application Form is to be filled in English only. Before filling up of all specific items in the OMR Application Form, refer to the sample copy printed in page no. 32 & 33 where specific items are marked with numbers.

1. APPLICATION FORM NUMBER
A Five Digit Application Form Number is provided on the right top corner of the OMR Application Form. Please note this number for future reference.

2. NAME OF THE APPLICANT
Immediately under this item 32 blank boxes are given. Fill these boxes with letters of alphabets forming your name in the same manner as given in matriculation certificate. Leave a blank box to separate parts of your name. After filling these boxes, find the corresponding alphabets in ovals below each box and shade that oval.

3. FATHER'S NAME
Immediately under this item 29 blank boxes are given. Fill these boxes with letters of alphabets forming your father's name in the same manner as you write his name normally. Leave a blank box to separate parts of the name. After filling these boxes, find the appropriate alphabet in oval below each box and shade that oval.

4. GENDER
Under this item an oval is provided immediately after "MALE" and "FEMALE". Shade an appropriate oval.

5. CATEGORY
Under this item an oval is provided immediately after SC, ST, OBC, PH and Others. Shade an appropriate oval to indicate the category you belong to.

6. CITIZENSHIP
Under this item an oval is provided immediately after Indian, NRI and Others. Shade an appropriate oval to indicate the category you belong to.

7. TELEPHONE NUMBER, IF ANY
The contact telephone number of the candidate is to be filled. First 6 boxes are meant for writing the STD code and next 8 boxes are meant for writing the local number. Do not write your cellular or pager number. The shading must be done from left to right.

8. MOBILE NUMBER, IF ANY
The contact mobile number of the candidate is to be filled. The shading must be done from left to right.

9. DATE OF BIRTH

First two boxes are provided for the Birth Date, second box is provided for the Birth Month and third two boxes for the Birth Year. Fill the details in the boxes and shade the corresponding ovals below the boxes.

10. DATE OF TEST

First two boxes are provided for the Test Date, second box is provided for the Test Month and third two boxes for the Test Year. Fill the details in the boxes and shade the corresponding ovals below the boxes.

11. PERCENTAGE OF MARKS

Two boxes are provided for 10+2 marks Shade the appropriate ovals for the corresponding digits. In case, the candidate has appeared / appearing leave this information blank.

12. QUALIFYING EXAMINATION

Under this item an oval is provided immediately after CBSE, ICSE, STATE BOARD and Others, Shade an appropriate oval pertaining to you.

13. CHOICE OF TEST CENTRE CITY CODES

Below this item two blocks of three boxes each are provided for Test Centre City Code, which is a three digit code. Fill the boxes with the choice of Test Centre City Code (both the preferences first and second) and shade the appropriate ovals below. (Example : 109).
The test centre city codes are given in UPCAT DENTAL Information Brochure.

Candidates are cautioned to fill this Code and shade correctly as the allotment of required test centre will be based on this information only.

14. ADDRESS OF THE CANDIDATE

Write your name and complete address legibly in English in capital letters.

15. PHOTOGRAPH

Affix your recent passport photograph of the requisite size. Make sure that the photograph pasted properly. Retain with you two additional copies of the same photograph. Provisionally eligible candidates admit cards will be available on **website : www.upcat-dental.com** seven days before the test date. The additional copies of the photograph retained are to be affixed on the downloaded admit card and got attested for producing at the test centre.

16. CHOICE OF TEST CENTRE CITY CODE

Below this item two boxes are provided for Test Centre City Code, which is three-digit. Fill the boxes with the choice of Test Centre City Code.

17. SIGNATURE OF THE APPLICANT

Endorse your signature in ink.

18. ADDRESS

At the back of the form, there are 80 boxes provided for address. Fill these boxes with your address. Do not repeat your name while filling up the address. After filling these boxes, shade the appropriate ovals below the box pertaining to each alphabet.

19. PIN CODE

Under this item 6 boxes are provided to fill your address PIN Code.

20. DECLARATION BY APPLICANT

In the box provided for the applicant's signature, endorse your signature with date using Ball Point pen after reading the declaration.

21. UPCAT DENTAL APPLICATION FORM NO.

Write the pre printed application form number (six digits) given on the reverse along with the bar code.

22. UPCAT DENTAL TEST DATE

Write the test date here.

23. CHOICE OF COLLEGE

Fill code of college given in list of member colleges.

Application Registration Information

A candidate seeking registration to the Uttar Pradesh Common Admission Test - DENTAL (UPCAT DENTAL) is required to send his / her application on the prescribed application form only, appended in this information brochure. A candidate must not fill & submit more than one form for the examination.

The application form (examination fee) for entrance examination and admission in B.D.S. Course for the Academic Year 2014-15 will be made available from member colleges. The addresses and telephone numbers of all the member colleges are mentioned in this brochure.

The application form can be obtained either in person by paying cash of Rs. 1000/- (Rs. One Thousand Only) or by post by sending a crossed bank draft of Rs. 1050/- (Rs. One Thousand Fifty Only) drawn in favour of **"The Association of Private Medical & Dental Colleges of Uttar Pradesh"** payable at **Bareilly** and requisition for the required application shall be addressed to the **Co-ordinator UPCAT-Dental 2014, Keshlata Hospital, Delapeer, Bareilly (U.P.) Pin 243 122.**

Before filling the application form the candidate must familiarize himself / herself with the information given in this brochure and shall satisfy his / her eligibility to appear in the examination. The candidate is required to go through the Information Brochure carefully and acquaint himself / herself with all requirements with regard to the filling-in of the Application Form. Application form will be filled in English only.

Candidates shall fill the OMR application form in his / her own handwriting in block letters written neatly and legibly with ball pen within the prescribe boxes only and darken the corresponding oval.

Overwriting, cuttings, erasings in the application forms may lead to rejection of the form and should be avoided. Any error arising on this account shall be the responsibility of the candidate. **(It is advisable to first fill in a photocopy of the form and then fill in the main document).**

Candidate should write his / her complete address in the application form for further correspondence. Pin code should be given in the space provided for pin code.

LAST DATE OF SUBMISSION OF FILLED IN APPLICATION FORM

The last date of receipt of the completed application form at P.O. Box No. 11, Izzat Nagar Post Office, Bareilly-243122 is 20.05.14.

The completed application form must be sent to P.O. Box No. 11, Izzat Nagar Post Office, Bareilly-243122 in the printed envelope supplied for this purpose so as to reach to them on or before 20.05.14.

Please note that application form must be sent by **ordinary post only. Speed post and courier are not accepted at post box number.**

No application form will be received in person.

Candidate should write his / her name in Capital letters as given in High school certificate of Board / University. Each letter should be filled in one box. One box should be left blank between each part of the name.

Incomplete application forms or forms having overwriting will be rejected.

Request for change in any particulars in the application form shall not be entertained under any circumstance.

The candidate must retain this booklet after sending application form for future reference.

Furnishing of false information or suppression of any information would disqualify the candidate from UPCAT-DENTAL and cancellation of admission if already admitted.

Admit Card

The following documents are provided in an envelope alongwith the UPCAT-DENTAL Brochure :

1. UPCAT-DENTAL Application / Registration Form (Optical Mark Reader (OMR) Form)

Documents are to be dispatched to P.O. Box No. 11, Izzat Nagar Post Office, Bareilly-243122 in the envelope given for this by ordinary post.

UPCAT-DENTAL Application / Registration Form (Optical Mark Reader (OMR) Form)

The OMR Form in the envelope is already folded in a particular manner. Please ensure that after filling this form, it is folded exactly in the same manner and kept in the same envelope. Do not staple the OMR Form.

You should start filling the OMR Form, only after reading and understanding the instructions completely. Use only blue/black ball pen for filling the form and shading the ovals. Use soft rubber / eraser if you want to erase shading over an oval. Avoid multiple shading of ovals in a column as the scanning machine ignores multiple shading.

It is your personal responsibility to ensure correctness in filling this form. Please remember incorrect filling up of form will result in wrong information geting stored in the computer. This will end up in the loss of your identity and result in the final scores not reaching your chosen College. No query in this regard shall be entertained. Each item mentioned hereunder relates to corresponding item of the registration form. Filling up of all specific items in the OMR Form, refer sample copy where specific items are marked with numbers.

General

After filling all the forms, the candidate must check them for correctness and send the OMR Form, so as to reach before the due date.

UPCAT-DENTAL Registration Form received later than the due date is liable to be rejected. Neither refund of fees nor any correspondence in this regard will be entertained. Candidates should send the filled forms by post at P.O. Box No. 11, Izzat Nagar Post Office, Bareilly-243122. **Candidates are advised to keep a set of photocopies of all the filled in forms submitted for further reference.**

Admit Card

On the basis of information in the OMR Application Form, admit card of provisionally eligible candidates will be uploaded on the website www.upcatdental.net **on 25th May 2014.** You are required to **download the admit card from the website www.upcatdental.net on or after 20th May 2014. No admit card will be sent by post.**

The additional copy of the photograph retained should be affixed on the downloaded admit card and attested for producing at the test centre.

Important

Download your admit card from the website of the association : www.upcatdental.net

from 20th May, 2014 onwards. Candidate without the admit card or without the photograph on the admit card will NOT be permitted to appear in the examination.

Test Centre City Details (01st June, 2014, Time : 02.00 pm - 5.00 pm)

UPCAT DENTAL (2014-2015) test will be conducted at 11 cities. Candidates have to select the city for the test from the list given below and accordingly fill the first and second preference for the test centre city. You have to write the three-digit Test Centre City Code on the OMR Application Form at item no 13 for both the preferences of the test centre city. Shade the corresponding oval below each digit.

Candidates are cautioned to fill this Code and shade correctly as the allotment of required test centre will be based on this information only. The list of Test Centre Cities along with Codes is as given below :

Test Centre City Code	Test Centre City Name	Test Centre City Code	Test Centre City Name
101	Agra	107	Lucknow
102	Bareilly	108	Moradabad
103	Dehradun	109	New Delhi
104	Ghaziabad	110	Patna
105	Gorakhpur	111	Varanasi
106	Kanpur		

Important Instructions to Candidates

Date of Examination   01.06.2014 (Sunday)
Time of Examination   2.00 PM to 5.00 PM
Reporting Time   1.15 PM

- List of participating dental colleges is given along with code number and other details in this brochure. Before taking admission, the candidates and parents are requested to independently verify the antecedents of the college being selected by them. The Association of Private Medical & Dental Colleges and UPCAT-DENTAL does not take any responsibility in this regard.
- UPCAT-DENTAL will not be responsible for any changes coming in effect due to decision of any court or change in government regulations regarding availability of seats, fee structure, eligibility, sharing of seats etc.
- By just sending a filled up application form of UPCAT-DENTAL does not confer any right to the candidate to claim admission / seat in any college.
- The cost of the Application Form is non-refundable.
- Test conducting agency does not take any responsibility or liability besides conducting the test.
- Association of Private Medical & Dental Colleges does not take any responsibility for Travel, transport, lodging & boarding of the candidates appearing for UPCAT-DENTAL at different test centres.
- Due to internal disturbances / unavoidable circumstances the test centre may be changed or cancelled with or without prior intimation.
- All disputes / confusions / any other matter relating to this test and admission on management category seats shall be first subjected to Arbitration process under the Indian Arbitration Act.
- All legal proceeding against / involving the association will be subject to jurisdiction of courts of Lucknow and the High court of U.P.
- Candidate must produce downloaded roll no. and admit card from the website, otherwise he/she shall not be allowed to sit for the examination.
- The candidates shall be present at the Centre of Examination 45 minutes before the commencement of examination.
- Online counseling will be done for successful candidates. Date of counseling will be declared after 1st July, 2014 on website of association : www.upcatdental.net
- The candidate will not be admitted to the examination hall after 15 min. from the commencement of the examination.
- Candidate must carry their own pen / pencil / eraser and should not bring Mobile phones, calculators or any kind of notes into the examination hall.
- Any conversation or gesticulation or causing disturbance in the examination hall shall lead to debarring the candidate(s) from taking the entrance examination.
- Candidate must sign the attendance sheet in the presence of the invigilator.

The result of UPCAT-DENTAL will be declared on 20 June, 2014 on the association website www.upcatdental.net

The result will be subsequently available with the member Colleges also.

Please note that individual result cards will not be sent to the candidates. The same can be downloaded, if desired, from the association website www.upcatdental.net

Candidates who secure a minimum of 50% marks in UPCAT-DENTAL - 2014-15 shall be considered eligible for BDS course.

> **Ragging is strictly prohibited in all the dental colleges, as per directions of Hon'ble Supreme Court of India. If any student is found involved in ragging, he/she may be expelled from the institution.**

Admission

The admission of the selected candidates shall be done by the Principal / Head of the respective college.

1. Admission into BDS courses shall be given only after the candidate produces the original of the following documents at the office of the Principal of whichever institution they are admitted into.
   a. High school certificates as proof of date of birth.
   b. Marksheet of Xth & XIIth examination.
   c. Certificate of the Xth & XIIth examination.
   d. Migration certificate
   e. Character certificate from school / college last attended.
   f. Admit/Allotment card of the UPCAT-DENTAL (2014).
   g. Six passport size photographs.
   h. Affidavits as mentioned in this brochure.
2. Candidate shall be required to complete the admission formalities, deposit the prescribed full fees and join the course within the specified period. Those who fail to do so will loose their claim for admission in the course.
3. All admissions are subject to verification of authenticity of facts from the original certificates / documents of the candidate. The decision of the respective member institution regarding the eligibility of any applicant shall be final.

As per the orders of Government of India, the admissions in BDS shall be completed by 30th September, 2014. The vacancies, if any shall be filled on or before 30th September, 2014. No admission shall be made beyond 30 September, 2014. Thus there is no scope for admitting students mid-stream as held by the Hon'ble Supreme Court of India.

If any student discontinues the studies after this period or in the subsequent years or does not join the course by the stipulated date he/she is liable to pay the fee for the remaining year(s). The candidate may be asked to submit a bank guarantee by the concerned institute.

DECLARATION ON AFFIDAVIT

Declaration by students :

A declaration to be filled and signed by the candidate on a non-judicial stamp paper and duly attested by the notary public as per the format to be given by the member institutution of the Association at the time of admission.

Declaration by parents :

Another declaration to be filled and signed by the parent / guardian of the candidates on a non-judicial stamp paper and duly attested by the notary public as per the format to be given by the member institution of the Association at the time of admission.

Fee Structure

In pursuance of the directions of Hon'ble Supreme Court of India the Fee Committee of Uttar Pradesh has decided the fee for various colleges and the same shall be communicated to the candidates at the time of admission. In general tuition fee varies between Rs. 2,50,000/- to Rs. 3,00,000/- per year. It does not include fooding / lodging and caution money. Students are advised to contact colleges directly for their fee structure.

Candidates, selected, shall be required to deposit the prescribed fee on / before the prescribed time at the respective member institution.

Hostel charges, interest free refundable security deposit (Caution Money), mess charges etc. shall be paid by the students as per the rules & regulations of the respective member institutions.

The prescribed fees once paid will not be refunded in any case. If after registration of provisional admission, any student withdraws / discontinue from the course / college he / she shall pay the full course fee i.e., entire course fee. Only items mentioned as deposits (interest free refundable after adjustments, if any) in the fee structure will be refunded.

Note

All communications should be addressed only to The Co-ordinator of UPCAT-DENTAL, Association of Private Medical & Dental Colleges of Uttar Pradesh, Keshlata Hospital, Delapeer, Bareilly 243122 (U.P.) Phones : 0581-2303344, 2300647. Fax : 0581-2303345

e-mail : Keshlatahospital@sify.com

The association has the right to change the date of admission test, process, examination centres, counseling etc., due to unavoidable circumstances without any notice or corrigendum. Any such change will be put on association website : www.upcatdental.net

Students are advised to visit association website : www.upcatdental.net regularly for latest information and updates.

Association reserves the right to alter any condition based on any government notification/change in policy.

Association reserves the right to hold an another examination for the vacant seats left, if any.

Disclaimer

The Association of Private Medical & Dental Colleges of U.P. has not authorised any individual agent or agency to deal with admissions in their constitutent colleges. The Association / Member Colleges shall not be responsible of any activity or such individual agents, touts and agencies.