



KALINGA INSTITUTE OF DENTAL SCIENCES

Serving through Exemplary Oral Health Care, Education & Research



Reporting Schedule for BDS Allotted candidates:

As per the notification given by DGHS, New Delhi candidates allotted into BDS Program of Kalinga Institute of Dental Sciences (KIDS), KIIT Deemed to be University, Bhubaneswar are requested to report as per the following schedule:

Reporting Date: 16th November to 20th November ,2025.

Reporting Time: 10 a.m. to 5 p.m.

Reporting Venue: Principal Office

**Kalinga Institute of Medical Sciences (KIMS)
Campus-5, KIIT Deemed to be
University Bhubaneswar, Odisha.**

A. Documents Required

1. Provisional Allotment Letter generated through Online (DGHS)
2. NEET Hall Ticket/ Admit card (Original)
3. NEET Score Card
4. 10th standard Pass Certificate for proof of date of birth (Original)
5. 10+2 Marksheet & Pass Certificate (Original)
6. Transfer Certificate or School/College Leaving Certificate issued by the School/College (Original)
7. Conduct/ Character Certificate issued by the School/College (Original)
8. Four recent passport size photographs
9. Aadhar Card Copy
10. One set of photocopies of all the above documents
11. Reservation Category Certificate (if applicable) (Original)
12. Gap Certificate
13. Fee Undertaking/Bond

B. FEES TO BE DEPOSITED ON DAY OF REPORTING

I. INSTITUTIONAL FEES

- BDS - Rs.6,50,000/- (per annum)

II. HOSTEL AND MESS FEES

Hostel Fees (2 Bedded AC with attached toilet) - Rs.1,60,000/- (per annum)

Mess Fees - Rs.55,000/- (per annum)

Hostel Admission Fees - Rs.15,000/- (one time)

IV. Rs.75,000/- (One time) to be paid towards Registration, Academic Kit, Laptop

Mode of Payment

(I) NEFT/ RTGS/ Internet Banking Details

For BDS

1	Complete Bank Account No:	13462191000834
2	Account Type	Savings
3	Beneficiary Name (As per Bank Pass Book):	KALINGA INSTITUTE OF DENTAL SCIENCES
4	Address:	KIMS, KIIT UNIVERSITY, BHUBANESWAR-751031
5	Bank & Branch Name:	PUNJAB NATIONAL BANK, KIMS BRANCH
6	Bank Address & Phone Number:	KIMS BRANCH, KIIT UNIVERSITY, BHUBANESWAR-751031
7	MICR Code:	751024036
8	Branch Code:	0134610
9	IFSC Code:	PUNB0134610
10	Swift Code:	PUNBINBBBEN, (For International Money transfer from outside India)

NB: - Kindly submit the transaction details (UTR No.) in accounts section for taking money receipt.

(II) DEMAND DRAFT

Fees can also be paid in the form of Demand Draft in favor of **KIDS** payable at **Bhubaneswar**.

N.B: The candidate must report Physically in the reporting Venue.

Contact Details of Officials/ Staff Handling Admission Process: Name:

Dr. Jugajyoti Pathi, MDS

Director, Kalinga Institute of Dental Sciences (KIDS)

Mobile Number: 9437082785 **E-mail**

jpathi@kims.ac.in

Name: Mr.Pritibas Lenka (For accounts related query) **Mobile Number:** 9338664142

E-mail prtibasu.lenka@kims.ac.in

UNDERTAKING / BOND

(To be submitted on a Rs. 100 stamp paper and to be notarized)

I, Mr / Ms _____ (Name of the Candidate), aged _____ about _____ Years, S / D of _____ (Name of the Parents), resident of _____ (permanent / present address of Parent) do hereby swear an oath as follows:

I have been selected to the 1st year BDS course at **Kalinga Institute of Dental Sciences**, KIIT Deemed to be University, through the Counselling conducted by Medical Counselling Committee, Directorate General of Health Services (DGHS), Government of India (GOI), New Delhi through NEET Rank No (All India Rank).

I say that on my own will and along with my parents/guardian, took admission to the BDS course at **Kalinga Institute of Dental Sciences** as per the DGHS allotment with NEET Roll No. _____ Allotment date

I, say in consideration of admission to 1st year BDS course, I shall complete the BDS course and accordingly undertake to pay all the Institutional fees as demanded by Kalinga Institute of Dental Sciences.

In the event of my discontinuation of BDS course due to any reason; I along with my parent / guardian hereby undertake to pay Institutional fees to Kalinga Institute of Dental Sciences payable for the entire course without any demur. I also understand that the original documents submitted to the Institute at the time of admission, will be returned to me only after the payment of balance tuition and other fee.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of ____/____/ 2025 at _____, Odisha state.

Signature of the Candidate

Signature of the Parent / Guardian

