Reporting Schedule for MDS:

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

Reporting Date: 24th September, 2026 to 30th September, 2026

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

Reporting Venue: Conference Hall, Principal's 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 (Original)
6. 10+2 Pass Certificate (Original)
7. BDS 1st, 2nd, 3rd & 4th Professional Marksheet (Original)
8. BDS Degree/ Provisional Certificate (Original)
9. Internship Completion Certificate (Original)
10. Updated Dental Registration Certificate (Original)
11. Reservation Category Certificate (if applicable) (Original)
12. Transfer Certificate or College Leaving Certificate issued by the College last attended (Original)
13. Conduct/ Character Certificate issued by the College last attended (Original)
14. Candidates allotted seat must carry one of the ID proof at the time of admission i.e PAN Card, Driving License, Voter Id, Passport or Aadhar card (Original)
15. Four recent passport size photographs
16. One set of photocopies of all the above documents

NRI CANDIDATES NEED TO PRODUCE FOLLOWING ADDITIONAL DOCUMENTS

1. Affidavit of the person who is NRI and the sponsorer.
2. Documents claiming that the sponsorer is an NRI (Passport, Visa of the sponsorer)
3. 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) & Ans. Vs Union of India & Ors. dated 22-08- 2017.
4. Affidavit from the sponsorer that he/ she will sponsor the entire course fee of the candidate.
5. Embassy Certificate of the Sponsorer.

B. FEES TO BE DEPOSITED ON DAY OF REPORTING

I. <u>INSTITUTIONAL FEES</u>

Sl.No	SUBJECT	FEES PER ANNUM	NRI FEES IN USD
1	Oral Medicine & Radiology	Rs.10,00,000/-	-
2	Periodontology	Rs.10,00,000/-	-
3	Prosthodontics & Crown & Bridge	Rs.12,50,000/-	20000
4	Oral & Maxillofacial Surgery	Rs.15,00,000/-	23000
5	Pedodontics & Preventive Dentistry	Rs.10,00,000/-	-
6	Conservative &Endodontics	Rs.15,00,000/-	23000
7	Public Health Dentistry	Rs.10,00,000/-	-
8	Orthodontics &Dentofacial Orthopedics	Rs.15,00,000/-	23000
9	Oral Pathology & Microbiology	Rs.10,00,000/-	-

II. HOSTEL AND MESS FEES

Hostel Fees - (Single Bedded AC) - Rs.2,40,000/- (per annum)
(Double Bedded AC) - Rs.1,60,000/- (per annum)

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

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

III. Rs.75,000/- (One time) to be paid towards admission kit

The above Institutional Fees and Hostel Fees can be paid by the mode stated below.

Mode of Payment

For MDS

(i) Fees to be paid in the form of Demand Draft in favour of **Kalinga Institute of Dental Sciences** payable at **Bhubaneswar.**

(ii) NEFT/ RTGS/ Internet Banking Details

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,** **Phone:-0674-2726618**
7	**MICR Code:**	**751024036**
8	**Branch Code:**	**1346**
9	**IFSC Code:**	**PUNB0134610**
10	**Swift Code:**	**PUNBINBBBBN,**(For International Money transfer from outside India)

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

Contact Details of Officials/ Staff Handling Admission Process :

Name: Dr.J .Pathi (Director, KIDS)
Mobile Number: 9437082785
E-mail Id:jpathi@kims.ac.in

Name: Pritibasu Lenka (Accounts Manager)
Mobile Number: 9338664142
E-mai Id:pritibasu.lenka@kiit.ac.in

UNDERTAKING / BOND

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

I, Mr / Ms_____ (Name of the Candidate), agedabout _____ 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 PG Dental course in department at **Kalinga Institute of Dental Sciences,** KIIT Deemed to be University, through the Counselling conducted by Medical Counselling Commitee, 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 PG Dental 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 PG Dental course, I shall complete the PG Dental 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 PG Dental 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 _____ /_____ / 2026 at_____ , Odisha state.

Signature of the Candidate

Signature of the Parent / Guardian