



# ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

By Email

Office: Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar, Pin- 751009  
Web Site: www.ouhs.ac.in E-mail: ouhs2022@gmail.com / ouhs@ouhs.ac.in Tel: 0674-2917266

F.No. OUHS / Exam/1359/2024 No. 10829

Date: 08.11.2024

## Notification

### Students Registration for First Master of Dental Surgery Examination of

#### 2023-24 Admission Batch

It is for information of all Principal of Affiliated colleges under OUHS, Bhubaneswar offering Master of Dental surgery course during the academic session 2023-24 that Master Of Dental Surgery Examination 2023-24 is likely to commence on 7<sup>th</sup> Dec, 2024.

Hence all Principals of Said Dental Colleges are requested to register their eligible students of the said course to appear in the 1<sup>st</sup> Master of Dental Surgery (Regular) Examination, 2023-24 mentioned as under;

| SL NO | Courses   | Fee  | Last date for filling up forms by student without fine | Last date for filling up forms by student with fine of Rs1000/- | Special Instruction   |
|-------|---|------|--|---|---|
| 1     | Master of Dental Surgery (Regular) Examination, 2023-24 | 6000 | 11-11-2024 to 12-11-2024                               | 13-11-2024 to 14-11-2024  | Colleges shall retain 15% of the Examination fees towards Centre charges. |

In addition, all Principal of Dental College (s) are requested to instruct their eligible students to fill up the prescribed Application Form within the prescribed date. The concerned Dental College should submit the filled in application forms to the University along with the Statement of students (Registered & Nonregistered) with prescribed fees deducting 15% towards Centre charges on 18-11-2024.

The College shall submit the prescribed fees through SBI Collect (on-line) in favor of the University before submission of application forms for University examination. No college shall collect Demand Drafts/ Bankers Cheque from the students in favor of the University.

Besides, all verifying officer to verify the application forms minutely as per the regulations of the University and put his/her signature, seal and date on the bottom of each

form as specified. Both the Principal and verifying Officer will be held responsible for any irregularities made therein and also be liable for any lapses if found later on.

No extension of date and lateral permission to student(s) for registration to 1<sup>st</sup> Master of Dental Surgery (Regular) Examination, 2023-24 shall be entertained.

  
Controller of Examination

Encl: i) Annexure-II Form No OUHS AC 003

ii) Annexure-III, "Statement of Students (Registered & Non registered) for Examination".

Memo No. 10830/OUHS

Date: 08.11.2024

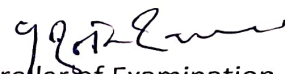
Copy along with the enclosure (Annexure II and III) Forwarded to the Principal of all Dental Colleges offering Master of Dental Surgery courses for kind information and necessary action.

  
Controller of Examination

Memo No. 10831/OUHS

Date: 08.11.2024

Copy Forwarded to OSD to VC for kind information of Hon'ble VC and Registrar/CoF for kind information .

  
Controller of Examination