

ANNEXURE -D

**PROFORMA FOR COLLEGE INFORMATION REGARDING , FEE, BOND CONDITIONS ETC.
(FOR POST-GRADUATE COURSES FOR ACADEMIC SESSION 2013-2014)**

NAME OF THE DENTAL COLLEGE/INSTITUTE: **GOA DENTAL COLLEGE & HOSPITAL, BAMBOLIM -GOA**
STATE **GOA** CODE NO. **DGA1**

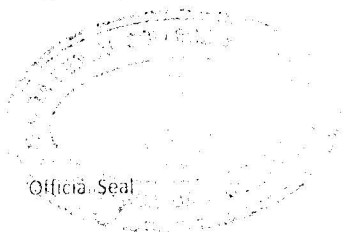
1. Date of start of session: June , 2013.
2. Annual fee for **AIQ candidates:** Rs.*14,300/-
Consolidated amount to be paid at the time of admission
3. Stipend paid to MD/MS/PG Diploma/ MDS students: Rs. 15,000/- per month.
(Specify clearly if any PG. courses are non stipendiary against the subject in Annexure-I (also)
4. (A) Hostel facility for male students
(B) Hostel facility for female students
(C) Monthly Hostel dues
Goa Dental College Hostel is functional and Accommodation has been provided to Students
© Hostel Fees:-
(i) Hostel Rent (per term) **Rs. 3000/-**
(ii) Hostel Deposit (refundable)..... **Rs. 5000/-**
(iii) Hostel Maintenance Fees **Rs.1500/-**
(Per term) **Rs. 9500/-**
5. Name of Dean/Principal/Director **DR. IDA DE NORONHA DE ATAIDE**
Tele Nos. (i) Office Mob. (0832) 2459812 – 15
Tele Nos. (ii) Residence (0832) 2413820 Mobile:-9423060880
E-mail address **deangdch123@hotmail.com**
Fax No. (0832) 2459816
6. Name of Secretary (Medical Education/Health) **SHRI PARIMAL RAI**
Office address Secretary (Health), Public Health Department
Tel No./Fax No. Secretariat, Porvorim – Goa.
Tel. No. 2419440, Fax No. 2419687
7. Name of Director Medical Education
Official address The Post does not exist, however the name of Director
Tel No./Fax No. of Health Services is **DR. SANJIV DALVI**
Directorate of Health Services, Campal, Panaji Goa.
Tel.No. (0832) 2225561, Fax No. (0832) 2225561
8. Bond if any, (A) Indicate the terms & conditions
(B) Copy of Bond/Agreement Proforma
(to be enclosed) Copy enclosed.


NOTE: Any addition State Condition shall not be applicable to All India Quota' candidates. As per Supreme Court directions it is not open to any State to fix any additional eligibility criteria in cases of candidates who fall under the All India Quota vide its order dated 27/07/2001 in I.A. No. 9-13 in Civil Appeal 1944/93

9. The amount of fee to be reimbursed on re allocation of seat to the candidate in 2nd/3rd Round of PG counseling.

10. Website address of the College site: <http://gdch.goa.gov.in>

11. Any other relevant information:




Dean
Goa Dental College and Hospital
Signature of Principal/Dean
Name:- **DR. IDA DE NORONHA DE ATAIDE**
Designation **DEAN**
Date:- **13/12/2012**

AGREEMENT CUM BOND FOR ADMISSION TO POST-GRADUATE M.D.S COURSE OF THE GOA UNIVERSITY IN THE GOA DENTAL COLLEGE AND HOSPITAL.

This AGREEMENT made at Bambolim this 1st Day of the year Two Thousand and Twelve between the Governor of Goa (hereinafter called the "Government") of the One Part and -----, daughter of resident of ----- (hereinafter called the "Students") of the Other Part.

WHEREAS the Government has agreed to admit the student for a course leading to the Master of Dental Surgery in the Goa Dental College and Hospital of the Government for the first term of the academic year 2013-2014 (hereinafter called the "said Course")

AND WHEREAS it has been agreed by and between the parties hereto that the student, after completion of the said course, shall serve the Government for a period of five years on the terms and conditions hereinafter contained, and may be placed anywhere in the State of Goa, or outside the State of Goa within the country including defence service.

NOW, THEREFORE THESE PRESENTS WITNESSETH and the parties hereto mutually agree as follows.

(1) The student shall, on completion of the said course, submit himself/herself to the Government and shall serve the Government in any capacity as deemed fit by the Government for a period of five years in case his services are required by the Government commencing within 6 months from the date of being eligible for the award of the Master of Dental Surgery Degree until his/her services are terminated as hereinafter provided.

(2) His/Her service in any capacity may be terminated by the Government as deemed fit:

(i) by the Government or its authorized Officer, without any previous notice, if the Government is satisfied on Medical evidence, that he/she is unfit and is likely for a considerable period to continue being unfit by reason of ill-health for the discharge of his/her duties PROVIDED ALWAYS that the decision of the Government that he/she is unfit and likely to continue being unfit shall be conclusive and binding on him/her. In this case, THIS AGREEMENT shall be void and of no effect:

(ii) by the Government or its authorized Officers, without any previous notice, if he/she is found guilty of any insubordination, intemperance or other misconduct or any breach or non-performance of any of the provisions of this Agreement or of any rules pertaining to the Institution where he/she may from time to time, be placed by the Government:

(iii) by thirty days notice in writing given at any time during service under this Agreement by the Government or its authorized officers to him/her without assigning any cause. In this case, THIS AGREEMENT shall stand terminated forthwith; PROVIDED ALWAYS that the Government may, in lieu of any notice herein provided for, give him/her a sum equivalent to the amount of his/her salary for thirty days or shorter notice than thirty days if it pays to him/her a sum equal to the amount of his/her salary for the period by which such notice falls short of thirty days. The term "Salary" for the purpose of this Agreement shall mean the salary he/she would be receiving under this Agreement.

(3) If he/she is suspended from duty in connection with any investigations into his/her conduct he/she shall not be entitled to any salary during such period of suspension but shall be entitled to receive subsistence allowances at such rate as the Government may deem fit.

(4) He/She shall devote his/her whole time to the duties of the said services and shall not engage, directly or indirectly, in any trade, business, occupation, or profession (including any private practice) on his/her own account and shall not (except in case of accident or sickness certified by competent Medical Authority) absent himself/herself from the said duties without having first obtained permission from the Government or its authorized Officers.

(5) The Student shall not, except as provided in this Agreement, resign without completing the said Course to which he/she has been admitted by the College/University and in case of default, the Student shall be liable to pay a sum of Rs.5,00,000/-(Rupees Five Lakhs only), to the Government as compensation besides forfeiture of his/her fees or/and deposit paid to the Goa Dental College & Hospital by the Student.

(6) He/She shall carry out all the duties and responsibilities assigned to him/her by the Government or its authorized Officers, from time to time, in the interest of efficient patient care and running of the Goa Dental College and Hospital. The decision of the Government or its authorized Officers as to whether he/she has satisfactorily carried out all the duties and responsibilities as aforesaid shall be final and binding on them.

(7) Period of service when called upon to serve in any capacity as stated above, shall ordinarily be for five years upon being eligible for the award of the Master of Dental Surgery (M.D.S.) Degree awarded by the Goa University to which the Goa Dental College and Hospital is affiliated. Period of service shall solely be determined by the Government and the Student be called to serve within a period of six months after completion of the aforesaid course.

(8) At the end of the satisfactory completion of the service for the period of the Agreement, this Agreement shall come to an end and provisions hereof shall cease to have effect in favour of him/her.

(9) If and whenever any part of the sum payable by the Student under the Agreement shall be in arrears, the same shall be recoverable from the student as an arrears of land revenue in accordance with the provisions of the Goa Land Revenue Code, 1968 (Act 9 of 1969), and the rules made thereunder.

(10) The stamp duty payable on these presents shall be borne by the Student.

IN WITNESS WHEREOF THE parties hereto have hereunto set their hands the day and year first hereinabove written.

IN THE PRESENCE OF (WITNESSES) Signed and Delivered by:-

**JT. SECRETARY (HEALTH)
PUBLIC HEALTH DEPARTMENT
GOVERNMENT OF GOA.**

For and on behalf of the Governor of Goa.

(1)
(Full Name and Address)

(2)
(Full Name and Address)

Signed and delivered by:-
.....
(Student)

Witnesses :-(1) -----

Date: -

(2) -----

Place:-