

**OFFICE OF THE CONVENER,  
PG (DENTAL) COUNSELLING COMMITTEE-2020-21  
DEPT. OF PERIODONTICS, 3<sup>rd</sup> FLOOR, SCB DENTAL COLLEGE & HOSPITAL, CUTTACK  
E-mail: [convenerpgdental2020@gmail.com](mailto:convenerpgdental2020@gmail.com)**

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Letter No. PG (D)-SCB- 36 /2020

Dt. 20.072020

**SEAT MATRIX FOR MOP-UP ROUND COUNSELLING OF  
PG DENTAL SELECTION – 2020-21**

The following seat is lying vacant after 2<sup>nd</sup> round counseling and sliding of seats in PG- Dental counseling 2020-21.

Sl. No.	Name of Discipline	Total no. of Vacant seat	Category
1	Oral Pathology and Microbiology	01	UR

Candidates who are having a valid rank in state counseling can submit their choices in the below mentioned format before 24/07/2020 by 5 pm through email to the convener. ([convenerpgdental2020@gmail.com](mailto:convenerpgdental2020@gmail.com))

-Sd-

**Convener**

PG (Dental) Selection Committee-2020

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**PG (DENTAL) COUNSELLING COMMITTEE-2020-21**  
**DEPT. OF PERIODONTICS, 3 rd FLOOR, SCB DENTAL COLLEGE & HOSPITAL, CUTTACK E-mail:**  
**convenerpgdental2020@gmail.com**

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**FORM OF OPTION & DECLARATION OF MDS SPOT COUNSELLING**  
**FOR ACADEMIC SESSION 2020-21**

I, .....bearing Application No. .... &  
Rank No.(CMR) ..... In MDS Counseling 2020-21, do hereby exercise my option and  
declaration today i.e. on ..... at .....AM/PM through online  
mode e-mailed to the Convener email, i.e; [convenerpgdental2020@gmail.com](mailto:convenerpgdental2020@gmail.com).

**(A)** I have not taken admission before in state counseling /all India counseling 2020-21 and  
I am giving my choice option through online spot counseling against the vacant seat as  
below.

<b>Name of the Institution</b>	<b>Name of the discipline</b>	<b>Category</b>	<b>Choice No</b>

**And declare as follows:**

That I have not concealed any facts or figures in my application form submitted earlier.  
That if I am subsequently found to have submitted false facts or have concealed facts my  
admission will be cancelled and disciplinary action as deemed proper shall be taken against  
me.

**Signature of the candidate**

**(B)** I don't want to participate in Spot round / Mop up round State Counseling

**Signature of the candidate**

**(C) REFUSAL / SEAT SURRENDER**

I do not want to take part in State Spot / Mop up round and want to surrender my seat  
admitted in 1<sup>st</sup> / 2<sup>nd</sup> round, as my preferred College of choice / Category is not available.

**Signature of the candidate**

Admitted

**Convener**  
**MDS Counseling committee 2020-21**

*\*\*N.B:- Full Signature of the candidate is required. Sign where ever applicable. Don't sign all options*