

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Darshan Dental College, Udaipur
Address of College	RANAKPUR ROAD , LOYARA , UDAIPUR
Website of College	www.darshandentalcollege.org
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	DR. VIKAS PUNIA
Phone No. (Office)	9694355041

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	DR. KUNAL DOSHI
Designation	DY. G.M.
Phone No. (Office)	9001077999
Mobile No.	9001077999, 8875677899
Email ID	darshandentalcollege@yahoo.com

Bank Details	
Account Name	DARSHAN DENTAL COLLEGE AND HOSPITAL
Account Type	Saving
Bank	AU SMALL FINANCE BANK
Account No.	2301224350276314
IFSC	AUBL0002243
Branch Name	DELHI GATE
Branch City	UDAIPUR
In case of Cheque/DD, Drawn in Favour of	DARSHAN DENTAL COLLEGE AND HOSPITAL
Payable at	UDAIPUR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Daswani Dental College, Kota
Address of College	IPB-19, Institutional Area RIICO, Ranpur, Kota
Website of College	www.daswanidentalcollege.com
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Guljot Singh
Phone No. (Office)	07442845080

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr. Anil Daswani
Designation	Director
Phone No. (Office)	07442845080
Mobile No.	9829093380, 9001822638
Email ID	apvmskota@gmail.com

Bank Details	
Account Name	Daswani Dental College & Research Centre
Account Type	Current
Bank	Canara Bank
Account No.	3531201000001
IFSC	CNRB0003531
Branch Name	Ranpur
Branch City	Kota
In case of Cheque/DD, Drawn in Favour of	Daswani Dental College & research Centre
Payable at	KOTA

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	F.No.V.12017/83/2005-DE	17/01/2013	Recognized 100 Seats for BDS Course

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Eklavya Dental College, Kotputli
Address of College	DELHI JAIPUR HAIGHWAY(NH-48) KOTPUTLI-303108(RAJ.)
Website of College	WWW.EKLAVYA.AC.IN
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	DR. SANJAY BANSAL
Phone No. (Office)	9870071608

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	MR. ASHOK YADAV
Designation	OFFICE SUPERINTENDENT
Phone No. (Office)	9309083012
Mobile No.	9672947157
Email ID	EKLAVYAA05@HOTMAIL.COM

Bank Details	
Account Name	EKLAVYA DENTAL COLLEGE AND HOSPITAL
Account Type	Current
Bank	AU SAMLL FINANCE BANK
Account No.	2121219732169353
IFSC	AUBL0002197
Branch Name	KOTPUTLI
Branch City	KOTPUTLI
In case of Cheque/DD, Drawn in Favour of	EKLAVYA DENTAL COLLEGE AND HOSPITAL
Payable at	KOTPUTLI

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	V.12017/22/2003-DE	29/09/20011	

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Geetanjali Dental and Research Institute, Udaipur
Address of College	NH 8, Near Eklingpura Chouraha, Manwakhera, Udaipur
Website of College	https://www.geetanjaliuniversity.com
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Nikhil Verma
Phone No. (Office)	0294-2500000-6

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Deepesh Mehata
Designation	Coordinator
Phone No. (Office)	0294-2500000-6
Mobile No.	9773356119, 9773356119
Email ID	counselling@geetanjaliuniversity.com

Bank Details	
Account Name	GEETANJALI DENTAL & RESEARCH INSTITUTE
Account Type	Current
Bank	HDFC
Account No.	99923223344550
IFSC	HDFC0000119
Branch Name	CHETAK CIRCLE
Branch City	UDAIPUR
In case of Cheque/DD, Drawn in Favour of	GEETANJALI DENTAL & RESEARCH INSTITUTE
Payable at	UDAIPUR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Jaipur Dental College, Jaipur
Address of College	VILLAGE-DHAND, JAIPUR-DELHI NATIONAL HIGHWAY 11-C, TEHSIL -AMER, JAIPUR
Website of College	www.jdc.ac.in
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Anup N.
Phone No. (Office)	01426-284175

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Mr. D. K. Singh
Designation	Sr. Manager(Admin)
Phone No. (Office)	23522188
Mobile No.	9414058792, 9785400639
Email ID	dk Singh1958@hotmail.com

Bank Details	
Account Name	JAIPUR DENTAL COLLEGE
Account Type	Current
Bank	HDFC
Account No.	00542000004327
IFSC	HDFC0000054
Branch Name	ASHOK MARG, C-SCHEME
Branch City	JAIPUR
In case of Cheque/DD, Drawn in Favour of	JAIPUR DENTAL COLLEGE
Payable at	JAIPUR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Maharaja Gangasingh DC, Ganganagar
Address of College	11, LNP Hanumangarh Road, Near RIICO, Sri Ganganagar
Website of College	www.mgsdentalcollege.org
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr Devender Chaudhary
Phone No. (Office)	0154 - 2494429

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr Jaskirat Sidhu
Designation	Admin Director
Phone No. (Office)	0154-2494429
Mobile No.	9414453888
Email ID	mgsdc@outlook.com

Bank Details	
Account Name	MAHARAJA GANGA SINGH DENTAL COLLEGE
Account Type	Current
Bank	STATE BANK OF INDIA
Account No.	61163647005
IFSC	SBIN0031591
Branch Name	JAWAHAR NAGAR
Branch City	Sri Ganganagar
In case of Cheque/DD, Drawn in Favour of	MAHARAJA GANGA SINGH DENTAL COLLEGE
Payable at	SRI GANGANAGAR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	V.12017/44/2007-DE	17/01/2013	Recognized by Dental council of India/Govt.of India

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	MG Dental College, Jaipur
Address of College	RIICO Institutional Area, Tonk Road, Sitapura, Jaipur- 302022
Website of College	www.mgumst.org
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Narendra Padiyar U.
Phone No. (Office)	01412770300/401

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr. R.C. Gupta
Designation	Professor (Emeritus), Physiology
Phone No. (Office)	0141270300/244
Mobile No.	9414451793, 9414451793
Email ID	drrcg999@gmail.com

Bank Details	
Account Name	Mahatma Gandhi University of Medical Sciences & Technology
Account Type	Current
Bank	Canara Bank
Account No.	83003050000118
IFSC	CNRB0018300
Branch Name	SME Branch, MI Road, Jaipur
Branch City	Jaipur
In case of Cheque/DD, Drawn in Favour of	Mahatma Gandhi University of Medical Sciences & Technology
Payable at	Jaipur

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Permitted	GOI letter No.V.12017/15/2015 (P-II)	17.05.2016	Recognised for 60 seats
Permitted	GOI letter No. V.12017/25/2023-DE	02.02.2024	Permission letter of 100 BDS seats.

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	NIMS Dental College, Jaipur
Address of College	Jaipur-Delhi Highway, NH-11C, Jaipur - 303121 (Rajasthan)
Website of College	www.nimsuniversity.org
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. M.K. Sunil
Phone No. (Office)	9116010407

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr. Sunil Sharma
Designation	Pro-President
Phone No. (Office)	9982683023
Mobile No.	9116010407, 7412077141
Email ID	registrar@nimsuniversity.org / provcnimsuniversity@gmail.com

Bank Details	
Account Name	NIMS UNIVERSITY RAJASTHAN
Account Type	Current
Bank	HDFC BANK LTD
Account No.	50200034522866
IFSC	HDFC0000054
Branch Name	10, Ashok Marg, C- Scheme
Branch City	Jaipur
In case of Cheque/DD, Drawn in Favour of	NIMS UNIVERSITY RAJASTHAN
Payable at	JAIPUR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	No. V. 12017/128/2005-DE	11-04-2011	Recognized of 100 seats

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Pacific Dental College & Hospital, Udaipur
Address of College	PACIFIC DENTAL COLLEGE AND HOSPITAL, AIRPORT ROAD, DEBARI, UDAIPUR
Website of College	www.pacificdentalcollege.com
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	DR. A. BHAGAVANDAS RAI
Phone No. (Office)	9672917860

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Pranav Khamesra
Designation	Administrator
Phone No. (Office)	9116132834
Mobile No.	9116132834, 9799972507
Email ID	pimsudaipur19@gmail.com, pacificdch2gmail.com

Bank Details	
Account Name	Pacific Dental College & Hospital
Account Type	Current
Bank	Axis Bank Ltd.
Account No.	921010041602561
IFSC	UTIB0000097
Branch Name	UIT Marg, Udaipur
Branch City	Udaipur
In case of Cheque/DD, Drawn in Favour of	Pacific Dental College & Hospita
Payable at	Udaipur

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	F.No.V. 12017/4/2015-DE	15th Sept, 2015	

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Pacific Dental College & RC, Udaipur
Address of College	Bhillo-Ka-Bedla,Pratap Pura,N.H.76,Teh-Girwa,Udaipur,(Raj.)
Website of College	pmudental.ac.in
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. ravi Kumar C.M.
Phone No. (Office)	9549892673

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Bhagwat Singh Sisodiya
Designation	Administrator
Phone No. (Office)	9649298767
Mobile No.	9784060886
Email ID	bhagwatsingh54@yahoo.com

Bank Details	
Account Name	Pacific Dental College & Research Centre
Account Type	Current
Bank	Kotak Mahindra Bank
Account No.	3648970933
IFSC	KKBK0000272
Branch Name	Trimurti Heights, 8C,Madubhan Bank Street
Branch City	Udaipur
In case of Cheque/DD, Drawn in Favour of	Pacific Dental College & Research Centre
Payable at	Udaipur

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized	No.V.12017/2/2020-DE	31-01-2020	

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Rajasthan Dental College, Jaipur
Address of College	NH-8, Bagru Khurd, Ajmer Road, Jaipur-302042
Website of College	www.rdchjaipur.com
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Deepak Kumar Sharma
Phone No. (Office)	0141-2585457

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Mr. Nikhil
Designation	Snr. Officer (Admin)
Phone No. (Office)	0141-2585457
Mobile No.	9829011205
Email ID	rajasthan dental@yahoo.com

Bank Details	
Account Name	RAJASTHAN DENTAL COLLEGE & HOSPITAL
Account Type	Current
Bank	HDFC Bank
Account No.	50200065377907
IFSC	HDFC0000505
Branch Name	Goshala Road, Sri Ganganagar – 335001, Rajasthan
Branch City	Sri Ganganagar
In case of Cheque/DD, Drawn in Favour of	RAJASTHAN DENTAL COLLEGE & HOSPITAL
Payable at	Jaipur

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Permitted	No.V.12025/161/2022 - DE	24-07-2023	Approved by Dental Council of India & Ministry of Health &

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	RR Dental College, Udaipur
Address of College	Opp. Umra Railway Station, Village-Umarda, Udaipur-313015
Website of College	https://rrdentalcollege.kbhgroup.in/
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Preet Jain
Phone No. (Office)	9079743432

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr. G. M. Kachhawa
Designation	Chief Officer
Phone No. (Office)	9772443999
Mobile No.	9460078900
Email ID	rjrjdc@gmail.com

Bank Details	
Account Name	R. R. DENTAL COLLEGE AND HOSPITAL
Account Type	Current
Bank	BANK OF BARODA
Account No.	01370200004475
IFSC	BARBOUDAIPU
Branch Name	UDAIPUR MAIN BRANCH
Branch City	UDAIPUR
In case of Cheque/DD, Drawn in Favour of	R. R. DENTAL COLLEGE AND HOSPITAL
Payable at	UDAIPUR

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	RUHS College of Dental Sciences, Jaipur
Address of College	Subhash Nagar, Jhotwara Road, Near T.B. Hospital
Website of College	https://medicaleducation.rajasthan.gov.in/RUHSdental/#/home/dptHome/265
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. Vinay Kumar
Phone No. (Office)	0141-2280333

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	Dr. Akshay Bhargava
Designation	Professor
Phone No. (Office)	0141-2280333
Mobile No.	9314167851
Email ID	bhargava_akshay@rediffmail.com

Bank Details	
Account Name	Principal Government Dental College, Jaipur
Account Type	Saving
Bank	SBI
Account No.	61143861906
IFSC	SBIN0031026
Branch Name	Collectorate Circle
Branch City	Jaipur
In case of Cheque/DD, Drawn in Favour of	
Payable at	

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks
Recognized			40 BDS Seats
Permitted			10 Seats

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Surendera Dental College and Research Institute, Ganganagar
Address of College	H.H. GARDENS, POWER HOUSE ROAD, SRI GANGANAGAR
Website of College	www.sdcri.in
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	DR SANDEEP KUMAR
Phone No. (Office)	0154-2440071

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	DR RAJNISH AGGARWAL
Designation	PROFESSOR
Phone No. (Office)	0154-2440071
Mobile No.	9414210253, 8005578855
Email ID	drrajnish.hmh@gmail.com

Bank Details	
Account Name	Surendera Dental College & Research Institute
Account Type	Saving
Bank	HDFC Bank,
Account No.	50200030301680
IFSC	HDFC0000505
Branch Name	MGS Road
Branch City	Sri Ganganagar
In case of Cheque/DD, Drawn in Favour of	Surendera Dental College & Research Institute
Payable at	Sri Ganganagar

Recognition			
Status of DCI recognition	DCI/GOI permission letter no.	Date	Remarks

Name, Designation and Signature (Head of Institution)

COLLEGE INFORMATION SHEET FOR DENTAL UG ALLOTMENTS - 2024

Name of College	Vyas Dental College, Jodhpur
Address of College	NEAR KUDI HAUD , PALI ROAD , JHALAMAND , JODHPUR
Website of College	NEAR KUDI HAUD , PALI ROAD , JHALAMAND , JODHPUR
Hostel facility for students	YES

Contact Information (Principal)	
Name of Principal	Dr. RAGHAVENDRA S KURDEKAR
Phone No. (Office)	02912721011
Mobile No.	8209121168, 8209121168
Email ID	principal.vdch@gmail.com

Contact Information (Nodal Officer Representing Principal)	
Name of Nodal Officer	DINESH KUMAR
Designation	RECORD ROOM INCHARGE
Phone No. (Office)	9549479808
Mobile No.	0291272101, 9549479808
Email ID	principal.vdch@gmail.com

Bank Details	
Account Name	VYAS DENTAL COLLEGE AND HOSPITAL
Account Type	Current
Bank	CANARA BANK
Account No.	1088201003264
IFSC	CNRB0001088
Branch Name	JALORI GATE
Branch City	Jodhpur
In case of Cheque/DD, Drawn in Favour of	VYAS DENTAL COLLEGE AND HOSPITAL
Payable at	JODHPUR

Recognition			
Status of DCI recognition	DCI /GOI permission letter no.	Date	Remarks
Recognized	v.12017/79/2005/2005	21-09-2010	

Name, Designation and Signature (Head of Institution)