

College Details Sheets (Dental)

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College Details Sheet

Name of College	Govt. Dental College, Jaipur
Address of College	RUHS College of Dental Sciences, Jaipur
Website of College	http://www.ruhsdental.org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	statepg2020@gmail.com
Contact Information (Principal)	
Name of Principal	Dr. Sandeep Tandon
Phone No. (Office)	0141-2280333
Mobile No.	9829065148
Email ID	gdchjpr@rediffmail.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr. Akshay Bhargava
Designation	Assistant Professor
Phone No. (Office)	0141-2280333
Mobile No.	9314167851
Email ID	akshaybhargavaakshay@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Dr. Deepak Goel
Designation	Senior Demonstrator
Phone No. (Office)	
Mobile No.	9351799050
Email ID	Deepakgoel24@yahoo.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Mr. Sitaram pareek
Designation	Office staff
Phone No. (Office)	
Mobile No.	9351046154
Bank Details for online payment of the fees	
Account Name	Principal, Govt. Dental College, Jaipur
Account Type	Saving
Account No.	61143861906
Bank	SBI Collectrate Branch
IFSC	SBIN0031026
Branch Name	Collectrate Branch
Branch City	Jaipur

College Details Sheet

Name of College	Mahatma Gandhi Dental College, Jaipur
Address of College	RIICO Institutional Area, Sitapura, Jaipur-302022
Website of College	www.mgumst.org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	admnpngmgdch@mgumst.org
Contact Information (Principal)	
Name of Principal	Dr. Narendra Padiyar U.
Phone No. (Office)	0141 2770300
Mobile No.	9928561339
Email ID	principal.dental@mgumst.org
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr. R.C. Gupta
Designation	Professor, Physiology
Phone No. (Office)	01412770798 233
Mobile No.	9414451793
Email ID	drrcg999@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Shri Bhagwan Sahai Sharma
Designation	Chief Administrator Accounts
Phone No. (Office)	01412770798233
Mobile No.	9001890263
Email ID	bhagwan9388@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Shri Ramesh Chand Gaud
Designation	Assistant Registrar
Phone No. (Office)	01412770798233
Mobile No.	9001896578
Bank Details for online payment of the fees	
Account Name	Mahatma Gandhi University of Medical Sciences & Technology
Account Type	Current
Account No.	83003050000118
Bank	Canara Bank
IFSC	SYNB0008300
Branch Name	C Scheme, MI Road (Main), Jaipur
Branch City	Jaipur

College Details Sheet

Name of College	NIMS Dental College, Jaipur
Address of College	Jaipur Delhi Highway, NH- 11C, Jaipur - 303121 (Rajasthan)
Website of College	www.nimsuniversity.org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	nims-state@nimsuniversity.org
Contact Information (Principal)	
Name of Principal	Dr. Mridula Trehan
Phone No. (Office)	7412077141
Mobile No.	9829008289
Email ID	principaldentalcollege@nimsuniversity.org
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr. Sunil Sharma
Designation	Pro-Vice Chancellor
Phone No. (Office)	9982683023
Mobile No.	9829278382
Email ID	provcnimsuniversity@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Mr. Vivek Naithani
Designation	Asst. Registrar
Phone No. (Office)	9116010407
Mobile No.	7412077141
Email ID	vnaithani@nimsuniversity.org
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Mohd. Javed
Designation	Office Executive
Phone No. (Office)	7412077169
Mobile No.	8302342031
Bank Details for online payment of the fees	
Account Name	NIMS UNIVERSITY RAJASTHAN
Account Type	Current
Account No.	375205000016
Bank	ICICI Bank
IFSC	ICIC0003752
Branch Name	NIMS Achrol
Branch City	Jaipur

College Details Sheet

Name of College	Pacific Dental College, Udaipur
Address of College	Airport Road, Debari, Udaipur-313024
Website of College	pacificdentalcollege.com
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	pacificdental2000@yahoo.co.in , pacificdch@gmail.com
Contact Information (Principal)	
Name of Principal	Dr. A. Bhagavandas Rai
Phone No. (Office)	9672917861
Mobile No.	9828057442
Email ID	drbrai@yahoo.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Kishan Lal Gurjar
Designation	Academic Incharge
Phone No. (Office)	9672917861
Mobile No.	7665017760
Email ID	pacificdental2000@yahoo.co.in, pacificdch@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Kuldeep Trivedi
Designation	Asst. Academic Incharge
Phone No. (Office)	9672917861
Mobile No.	9587890069
Email ID	pacificdental2000@yahoo.co.in, pacificdch@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Kishan Lal Gurjar
Designation	Academic Incharge
Phone No. (Office)	9672917861
Mobile No.	7665017760
Bank Details for online payment of the fees	
Account Name	Pacific Dental College & Hospital
Account Type	Saving
Account No.	5412741374
Bank	Kotak Mahindra Bank
IFSC	KKBK0000272
Branch Name	Madhuban
Branch City	Udaipur

College Details Sheet

Name of College	Darshan Dental College, Udaipur
Address of College	RANAKPUR ROAD, VILLAGE - LOYARA, UDAIPUR - 313011
Website of College	www.darshandentalcollege.org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	darshandentalcollege@yahoo.com
Contact Information (Principal)	
Name of Principal	DR. MEENAKSHI KHANDELWAL
Phone No. (Office)	9001077999
Mobile No.	9414779044
Email ID	darshandentalcollege@yahoo.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	DUSHYANT VERMA
Designation	MANAGER (ADMINISTRATION)
Phone No. (Office)	9001077999
Mobile No.	9928536618
Email ID	darshandentalcollege@yahoo.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	KUNAL DOSHI
Designation	ADMINISTRATIVE OFFICER
Phone No. (Office)	9001077999
Mobile No.	9001077999
Email ID	darshandentalcollege@yahoo.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	KUNAL DOSHI
Designation	ADMINISTRATIVE OFFICER
Phone No. (Office)	9001077999
Mobile No.	9001077999
Bank Details for online payment of the fees	
Account Name	DARSHAN DENTAL COLLEGE AND HOSPITAL
Account Type	Saving
Account No.	3150419314
Bank	CENTRAL BANK OF INDIA
IFSC	CBIN0280454
Branch Name	SHASTRI CIRCLE
Branch City	UDAIPUR

College Details Sheet

Name of College	Daswani Dental College, Kota
Address of College	IPB-19, INSTITUTIONAL AREA, RIICO, RANPUR, KOTA, RAJASTHAN
Website of College	http://www.daswanidentalcollege.com
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	principaldcckota@gmail.com
Contact Information (Principal)	
Name of Principal	Dr. Guljot Singh
Phone No. (Office)	0744-2845080
Mobile No.	7568657444
Email ID	apvmskota@gmail.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr Anil Kumar
Designation	Administrator
Phone No. (Office)	07442845080
Mobile No.	9829093380
Email ID	apvmskota@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Mr Prabhakar Sharma
Designation	Manager
Phone No. (Office)	0744-2845080
Mobile No.	9829345678
Email ID	apvmskota@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Mr. Harish Luniya
Designation	Assistant
Phone No. (Office)	0744-2845080
Mobile No.	9950257422
Bank Details for online payment of the fees	
Account Name	DASWANI DENTAL COLLEGE & RESEARCH CENTRE
Account Type	Current
Account No.	3531201000001
Bank	CANARA BANK
IFSC	CNRB0003531
Branch Name	RANPUR
Branch City	KOTA

College Details Sheet

Name of College	Jaipur Dental College, Jaipur
Address of College	Campus: - Village-Dhand, Jaipur-Delhi National Highway No.11-C,
Website of College	www.mvgu.ac.in
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	jdc@mvgu.ac.in, dksingh1958@hotmail.com
Contact Information (Principal)	
Name of Principal	Dr.Deepak Sharma
Phone No. (Office)	01426-284175
Mobile No.	9799339664, 9414039654
Email ID	jdc@mvgu.ac.in
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Deep Kumar Singh
Designation	Senior Manager
Phone No. (Office)	0141-2352188
Mobile No.	9414058792
Email ID	dksingh1958@hotmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	TULIKA BHATIA
Designation	Manager International Admission
Phone No. (Office)	
Mobile No.	9785100727
Email ID	gannonwithmvgu@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	RAJENDRA KUMAWAT
Designation	Office Superintendent
Phone No. (Office)	01426-284175
Mobile No.	9785400423
Bank Details for online payment of the fees	
Account Name	Jaipur Dental College
Account Type	Current
Account No.	00542000004327
Bank	HDFC
IFSC	HDFC0000054
Branch Name	Ashok Marg, C-Scheme, Jaipur
Branch City	Jaipur

College Details Sheet

Name of College	Maharaja Ganga Singh Dental College, Sriganganagar
Address of College	11 L.N.P., HANUMANGARH ROAD ,NEAR RIICO ,
Website of College	www.mgsdentalcollege .org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	mgsdc@outlook.com
Contact Information (Principal)	
Name of Principal	Dr Devendra Chaudhary
Phone No. (Office)	0154-2494429
Mobile No.	9414453888
Email ID	mgsdc@outlook.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr Jaskirat Sidhu
Designation	Admin.director
Phone No. (Office)	0154-2494429
Mobile No.	9414453888
Email ID	mgsdc@outlook.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Dr Mandeep Kaur
Designation	Assistant Professor
Phone No. (Office)	0154-2494429
Mobile No.	9461154666
Email ID	mgsdc@outlook.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Deen Dayal
Designation	Office staff
Phone No. (Office)	0154-2494429
Mobile No.	9460947538
Bank Details for online payment of the fees	
Account Name	Maharaja Ganga Singh dental college
Account Type	Current
Account No.	61163647005
Bank	STATE BANK OF INDIA
IFSC	SBIN0031591
Branch Name	Jawahar Nagar Branch
Branch City	SRI GANGANAGAR

College Details Sheet

Name of College	Vyas Dental College, Jodhpur
Address of College	Near kudi haud,pali road,jhalamand, Jodhpur
Website of College	www.vyaseducation.org
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	principal.vdch@gmail.com
Contact Information (Principal)	
Name of Principal	Dr jeevan prakash patil
Phone No. (Office)	02912721011
Mobile No.	8209101168
Email ID	principal.vdch@gmail.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr Ashish vyas
Designation	Senior lecturer
Phone No. (Office)	02912721011
Mobile No.	7073425119, 7976180781
Email ID	coperator.vyas@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Ashok bhansali
Designation	Record manager
Phone No. (Office)	02912721011
Mobile No.	8619495802,
Email ID	Vdch.exam@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Dr Ashish vyas
Designation	Senior lecturer
Phone No. (Office)	02912721011
Mobile No.	7073425119
Bank Details for online payment of the fees	
Account Name	Vyas dental college and hospital
Account Type	Current
Account No.	1088201003264
Bank	Canara bank
IFSC	CNRB0001088
Branch Name	Jalori gate
Branch City	Jodhpur

College Details Sheet

Name of College	Surendra Dental College, Sriganganagar
Address of College	H H GARDENS, POWER HOUSE ROAD, SRI GANGANAGAR (RAJASTHAN)-
Website of College	www.sdcri.in
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	sdcri@sgi.org.in
Contact Information (Principal)	
Name of Principal	DR. DINESH VERMA
Phone No. (Office)	0154-2440071
Mobile No.	9413385160
Email ID	skg@sgi.org.in
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	DR. RAJNISH AGGARWAL
Designation	PROFESSOR
Phone No. (Office)	0154-2440071
Mobile No.	9414210253
Email ID	drrajnish.hmh@gmail.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	DR BHASKAR GUPTA
Designation	READER
Phone No. (Office)	0154-2440071
Mobile No.	9024606318
Email ID	mdssandy07@gmail.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	VIRENDER KUMAR
Designation	OFFICE SUPRITENDENT
Phone No. (Office)	0154-2440071
Mobile No.	9414093173
Bank Details for online payment of the fees	
Account Name	SURENDRA DENTAL COLLEGE & RESEARCH INSTITUTE
Account Type	Current
Account No.	50200030301680
Bank	HDFC BANK LTD.
IFSC	HDFC0000505
Branch Name	GS Road
Branch City	SRI GANGANAGAR

College Details Sheet

Name of College	Rajasthan Dental College, Jaipur
Address of College	N.H. 8, BAGRU KHURD, AJMER ROAD, JAIPUR - 302042, NEAR GVK TOLL
Website of College	www.rdchjaipur.com
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	rajasthandental@yahoo.com
Contact Information (Principal)	
Name of Principal	Dr. B.R. Adyanthaya
Phone No. (Office)	0141-2585457
Mobile No.	9343197079
Email ID	rajasthandental@yahoo.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	Dr. Neelkant Patil
Designation	Professor & HOD (O.M.R)
Phone No. (Office)	0141-2585457
Mobile No.	9929337724, 9829011205
Email ID	rajasthandental@yahoo.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	Mr. Nikhil Lodha
Designation	Admin. Officer
Phone No. (Office)	0141-2585457
Mobile No.	9829011205,
Email ID	rajasthandental@yahoo.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	Mr. Ramesh Chand Kumhar
Designation	Sr. Office Assistant
Phone No. (Office)	0141-2585457
Mobile No.	9001999022
Bank Details for online payment of the fees	
Account Name	RAJASTHAN DENTAL COLLEGE & HOSPITAL
Account Type	Saving
Account No.	04182011014903
Bank	Oriental Bank of Commerce
IFSC	ORBC0100418
Branch Name	Old Octroi, Ajmer Road
Branch City	Jaipur

College Details Sheet

Name of College	Geetanjali Dental and Research Institute, Udaipur
Address of College	NH8 BYPASS, EKLING PURA CHOURAHA, UDAIPUR (RAJ.)
Website of College	https://www.geetanjaliuniversity.com
Exclusive Email ID of the college where the allotted candidate will send a confirmatory email through his/her registered email ID regarding acceptance of seat and will also upload scanned copies of requisite documents	counselling@geetanjaliuniversity.com
Contact Information (Principal)	
Name of Principal	DR. NIKHIL VERMA
Phone No. (Office)	0294-2500000-6
Mobile No.	9116170347
Email ID	counselling@geetanjaliuniversity.com
Contact Information (Nodal Officer 1)	
Name of Nodal Officer	MR. DEEPESH MEHTA
Designation	COORDINATOR
Phone No. (Office)	0294-2500000-6
Mobile No.	9116170347
Email ID	counselling@geetanjaliuniversity.com
Contact Information (Nodal Officer 2)	
Name of Nodal Officer 2	MR. BHANWARNATH SINGH CHOUHAN
Designation	ACADEMIC INCHARGE
Phone No. (Office)	0294-2500000-6
Mobile No.	7300052465
Email ID	counselling@geetanjaliuniversity.com
Contact Information (Authorized Office Staff)	
Name of authorized office staff member	MR. MOHAN MEGHWAL
Designation	SENIOR EXUCUTIVE
Phone No. (Office)	0294-2500000-6
Mobile No.	9414473682
Bank Details for online payment of the fees	
Account Name	GEETANJALI DENTAL AND RESEARCH INSTITUTE
Account Type	Current
Account No.	6200714628
Bank	INDIAN BANK
IFSC	IDIB000M251
Branch Name	MANVA KHERA
Branch City	UDAIPUR