

# PROFORMA FOR COLLEGE - INFORMATION REGARDING FEE, BOND-CONDITIONS ETC.

## GENERAL DETAILS :

<b>Name of College :</b>	Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital Sangli
<b>Full Address of College :</b>	Sangli-Miraj Road, Wanlesswadi Sangli.
<b>State / Pin Code :</b>	MAHARASTRA / 416414
<b>Name of Affiliating University :</b>	Bharati Vidyapeeth ( Deemed to be University) Pune. 6th June 2007
<b>Session Start Date :</b>	01-08-2018
<b>Annual Fee for AIQ Candidates (₹) :</b>	450000
<b>Annual Fee for NRI Candidates (\$) :</b>	20300
<b>Amount to be paid at the time of Admission (Rs) :</b>	450000
<b>Availability of Hostel facility for :</b>	MALE AND FEMALE
<b>Monthly hostel dues (Rs) :</b>	6750
<b>The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd/3rd round of Counseling (Rs) :</b>	10000
<b>The amount of fees to be reimbursed in case candidate resigns during counseling period (Rs):</b>	440000
<b>The Amount of Fees To be reimbursed in case Candidate resigns after Counseling period(Rs):</b>	0
<b>Time period of reimbursement(in days) :</b>	15
<b>Specify penalty, if any, in case candidate resigns after final round of counseling:</b>	Entire Course Fee
<b>College website address :</b>	dchsangli.bharativedyapeeth.edu
<b>Other Information :</b>	Tuition Fees may be increased by not more than 5% annually.

## CONTACT DETAILS :

<b>Name of Head Of Institution :</b>	Dr.Vidya Dodwad
<b>Designation :</b>	Principal
<b>Tel No. of Head Of Institution (Office) / Fax No. :</b>	0233-2601639 / 0233-2211324
<b>Tel No. of Head Of Institution (Res) / Mobile No. :</b>	0233-2211323 / 9717447793
<b>Head Of Institution's Email Address :</b>	bvdudentalsangli@gmail.com
<b>Name of Secretary (Vice Chancellor) :</b>	Dr. Manikrao M. Salunkhe
<b>Secretary's Office Address :</b>	Bharati Vidyapeeth (Deemed to be University) LBS Marg, Pune-30
<b>Tel No. Secretary (Office) / Fax No. :</b>	020-24407299 / 020-24335701
<b>Secretary's Email Address :</b>	manikrao.salunkhe@bharativedyapeeth.edu
<b>Name of Director (Registrar) :</b>	Shri.G.Jayakumar
<b>DME's Office Address :</b>	Bharati Vidyapeeth (Deemed to be University) LBS Marg, Pune-30
<b>DME's Tel No. (Office) / Fax No. :</b>	020-24329658 / 020-24335701
<b>DME's Email Address :</b>	kumarjaya51@hotmail.com
<b>Name of Nodal Officer :</b>	Dr. Chetan Patil
<b>Designation of Nodal Officer :</b>	Reporting Official

Official Seal :

Signature (Head of Institution) : \_\_\_\_\_

Name (Head of Institution) : \_\_\_\_\_

Designation : \_\_\_\_\_

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Nodal Officer's Office Address :	Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital,Sangli Wanlesswadi-416414
Tel No. Nodal Officer (Office) / Fax No. :	0233-2601639 / 0233-2211324
Nodal Officer's Email Address :	dr.chetanpatil@ymail.com
Nodal Officer's Mobile :	9921959577
BOND DETAILS :	
Bond, if any (mention briefly bond condition and amount)* :	
* Incase bond is applicable, candidates are advised to see link Institute Bond Information	
* The above information has been provided by Medical College. MCC/DGHS takes no responsibility regarding the above information. Candidates are requested to contact the college authorities directly for any query regarding above information.	

Official Seal :

Signature (Head of Institution) : \_\_\_\_\_  
Name (Head of Institution) : \_\_\_\_\_  
Designation : \_\_\_\_\_