

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

GENERAL DETAILS :

Name of College :	Regional Dental College, Guwahati
Full Address of College :	PO Indrapur, Bhangagarh, Guwahati
State / Pin Code :	ASSAM / 781032
Name of Affiliating University :	Srimanta Sankardeva University of Health Sciences
Session Start Date :	01-08-2018
Annual Fee for AIQ Candidates (₹) :	2680
Annual Fee for NRI Candidates (\$) :	0
Amount to be paid at the time of Admission (Rs) :	25580
Availability of Hostel facility for :	MALE AND FEMALE
Monthly hostel dues (Rs) :	18000
The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd/3rd round of Counseling (Rs) :	2826
The amount of fees to be reimbursed in case candidate resigns during counseling period (Rs):	0
The Amount of Fees To be reimbursed in case Candidate resigns after Counseling period(Rs):	0
Time period of reimbursement(in days) :	10
Specify penalty, if any, in case candidate resigns after final round of counseling:	2558
College website address :	www.rdcassam.webs.com
Other Information :	it is the premier institute of dental sciences in the entire north east region

CONTACT DETAILS :

Name of Head Of Institution :	Atool Chandra Bhuyan
Designation :	Principal
Tel No. of Head Of Institution (Office) / Fax No. :	0361-2529877 / -
Tel No. of Head Of Institution (Res) / Mobile No. :	- / 9864065066
Head Of Institution's Email Address :	drbhuyanac@gmail.com
Name of Secretary (Vice Chancellor) :	Mr Saurav Senapati
Secretary's Office Address :	Department of Health and Family Welfare, Dispur, Guwahati
Tel No. Secretary (Office) / Fax No. :	0361-2360524 / 0361-2360524
Secretary's Email Address :	
Name of Director (Registrar) :	Prof Dr Anup Kumar Barman
DME's Office Address :	Office of the DME, sixmile, Khanapara, Guwahati 781022
DME's Tel No. (Office) / Fax No. :	0361-22261629 / 0361-22261629
DME's Email Address :	dme@
Name of Nodal Officer :	Dr Jogeswar Barman
Designation of Nodal Officer :	Professor

Official Seal :

Signature (Head of Institution) : _____

Name (Head of Institution) : _____

Designation : _____

PROFORMA FOR COLLEGE - INFORMATION REGARDING FEE, BOND-CONDITIONS ETC.**Nodal Officer's Office Address :** Department of Prosthodontics, Regional dental College, Guwahati**Tel No. Nodal Officer (Office) / Fax No. :** 0361-2651000 / -**Nodal Officer's Email Address :** barmandentist@gmail.com**Nodal Officer's Mobile :** 7578008610**BOND DETAILS :****Bond, if any (mention briefly bond condition and amount)* :***** In case 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 : _____