



**PROCEEDINGS OF THE VICE-CHANCELLOR**

**Dr. YSR UNIVERSITY OF HEALTH SCIENCES: A.P.: VIJAYAWADA - 520008**

**PRESENT: Dr. KORUKONDA BABJI M.S., M.Ch.,**

Affiliation.No. AFF/YSRUHS/D006/2024-25/1

Dt: 01/07/2024

SUB :- Dr.YSR UHS: Academic - Affiliation - Granting of affiliation to **St Joseph Dental College, Eluru** for the academic year - **2024-25** - Orders – Issued – Reg.

Ref :- 1Lr. No. SJDC/T.F.ID. Forms2024-25/ 1316, dt. 11-03-2024 of the Principal, St. Joseph Dental college & Hospital, Eluru.

2Lr.F.No: 12017/15/2007-DE dt: 20-10-2011 Notification of the Under Secretary to the Government of India, HM & FW Dept., New Delhi.

3Lr.F.No.12017/15/2007-DE, dt: 26-09-2014 of the Under Secretary to the Government of India, HM & FW Dept., New Delhi.

4.Lr. No: V.12017/31/2016-DE, dt: 30-12-2016 of the Under Secretary to the Government of India, HM & FW Dept., New Delhi.

5.Lr. No: V.12017/19/2016-DE, dt: 27-12-2017 of the Under Secretary to the Government of India, HM & FW Dept., New Delhi.

6.Lr.No. V.12017/7/2021 – DE, Dt. 16-02-2022 of the Under Secretary to the Government of India, New Delhi.

7.Lr.No. V.12017/14/2022-DE, dt. 03-02-2023 of the Under Secretary to Govt. of India, Ministry of Health & Family Welfare (Dental Education Section), New Delhi.

8Lr.No. V.12017/15/2023-DE, dt. 02-02-2024 of the Under Secretary to Govt. of India, Ministry of Health & Family Welfare (Dental Education Section), New Delhi.

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As per the statutes on affiliation of Dental colleges of Dr. YSR University of Health Sciences, Vijayawada, it is hereby certified that the application of **St Joseph Dental College, Duggirala, Eluru** has been registered with the Dr. YSR University of Health Sciences, Vijayawada and granted affiliation for the academic year **2024-25** and permitted to make admissions in following Courses at **St Joseph Dental College, Eluru** with an intake as permitted / recognized by the Dental Council of India

**Continuation of Affiliation**

SNO	Course Name	Affiliation	Intake
1	Master of Dental Surgery in Conservative Dentistry & Endodontics	Continuation	6 ✓
2	Master of Dental Surgery in Oral & Maxillofacial Surgery	Continuation	3 ✓
3	Master of Dental Surgery in Oral and Maxillofacial Pathology & and Oral Microbiology	Continuation	3 ✓
4	Master of Dental Surgery in Oral Medicine & Radiology	Continuation	3 ✓
5	Master of Dental Surgery in Prosthodontics and Crown & Bridge	Continuation	3 ✓
6	Master of Dental Surgery in Periodontology	Continuation	3 ✓
7	Master of Dental Surgery in Pediatric Dentistry	Continuation	5 ✓
8	Master of Dental Surgery in Orthodontics and Dentofacial Orthopedics	Continuation	5 ✓

The Institution / College is fully responsible to fulfill the norms and to maintain the same which includes infrastructure both physical and human resource, teaching faculty and clinical material, etc., throughout the academic year, as stipulated in regulations of Dental Council of India.

The number of students admitted shall not exceed the number of students permitted for annual admissions both under University and Management quota as specified by the State Government / Dr. YSR UHS, Vijayawada.

The fee collected by what so ever name called either for University quota seats or for management seats should not exceed the limits specified by the State Government / Dr. YSR UHS, Vijayawada from time to time.

The Management of the college shall follow the regulations made by the University/State Government and also the DCI MDS course Regulations of the Dental Council of India, in conducting examinations and in respect of all other related matters from time to time. Any deviation, in this regard may lead to disaffiliation of the college without any notice.

This order relates to granting of Continuation of Affiliation for the academic year 2024-25 i.e.,

**This order is valid for the Academic year 2024-25 only**

**This has got the approval of the competent authority.**

**Note : This is a Digitally Signed Certificate, does not require Physical signature**

**//BY ORDER//**



**Dr.Vemireddy Radhika Reddy  
REGISTRAR**

To  
The Principal,  
St Joseph Dental College, Duggirala, Eluru  
534003

Copy to – the Joint Registrar (Admissions), Dr. YSR UHS, VJA.--- for take necessary action.

Copy to – the Controller of Examinations, Dr. YSR UHS, VJA.

Copy to PS to Vice-Chancellor / PA to Registrar, Dr. YSR UHS, VJA.