APPLICATION FORM

TO,
THE DEAN,
GOVERNMENT DENTAL COLLEGE & HOSPITAL,
CHHATRAPATI SAMBHAJINAGAR (MAHARASHTRA)

Date :	

Candidate's Colour Passport type Photograph

1.Post Applied For :

2. Subject in which applied :

3.Name in Capital Letters :

4. Gender (Male / Female / Others) :

5. Date of Birth :

6. Age as on Date of Interview :

7. Category of the Candidate (OPEN/EWS/OBC/SC/ST/SEBC/VJNT) :

8. Caste :

9. Qualifications (BDS/MDS/MBBS/MD/MS/DNB/PG Diploma etc. with Certificates) :

Sr. No.	Qualifications	College	Board/ University	Year of Passing	Marks Obtained	Total Marks	Marks in %	Attempts
1								
2								
3								
4								

10. Experience

Sr. No.	Position held	Institution	From	To	Total	Teaching / Non-Teaching	Nature (Regular/ Contract)
1							
2							
3							

11. List of Publications (Only DCI/NMC approved)

SR. No.	Title (Vancouver Style)	Author Position	Name of Journal	Name of Indexing Body
1				
2				
3				
4				

12. DCI/MSDC/NMC/MMC/OTHER STATE DENTAL COUNCIL (Tick √)

(I) Registration No. :

(II) Date of Registration ;

(III) Name of Issuing Authority :

(IV) Validity of Registration :

13. Contact Number :

14. E-mail (in CAPITAL letters) :

15. Postal Address :

16. Martial Status :

17. Number of Children :

18. Nationality :

19. Mother Tongue :

20. Details of Identity Certificate
    (i) Aadhar Number :

    (ii) PAN Number :

21. Identification Mark :

DECLARATION

I Undertake that all the above information given above me is correct to the best of my knowledge and I solemnly affirm that if any information given by me, if found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date :

Name & Signature of Candidate

Important (Read before filling forms) :

- Incomplete application is liable to be rejected.
- Form should be filled by candidate in person with clear and CAPITAL letters.
- Photograph should be with clearly visible face & both ears.

CHECKLIST

List of documents which are to be submitted with application form

Sr. No.	Name of Documents	Submitted : Yes / No, if No, Reason ?
1	S.S.C. Certificate for Date of Birth	
2	All Mark Sheets of BDS / MBBS	
3	Attempt Certificate of BDS / MBBS	
4	Degree Certificate of BDS / MBBS	
5	Mark Sheets of MDS / MD / MS / DNB	
6	Attempt Certificate of MDS / MD /MS / DNB	
7	Degree Certificate of MDS / MD / MS / DNB	
8	EWS/ OBC / SC / ST / VJNT Certificate when applicable	
9	Caste Validity Certificate, if applicable	
10	Non Creamy-Layer Certificate, if applicable	
11	DCI/MSDC/NMC/MCI/MMC Registration Certificate (Updated)	
12	Aadhar Card	
13	Proof of Publication	
14	NOC from Current Employer, if applicable	
15	Relieving Certificate from previous employer, if applicable	
16	Experience Certificate, if applicable	
17	Any Other	

Date :

Signature of Candidate :

Name of Candidate :