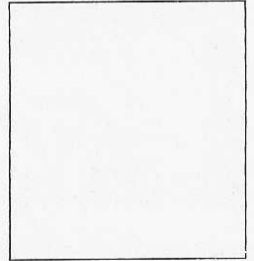


GOVT. DENTAL COLLEGE & HOSPITAL, NAGPUR.

APPLICATION FORM FOR THE POST OF CLINICAL ASSISTANT



1. Name in full beginning with surname :-
(in block letters)
2. Date of Birth :-
(With place & Domicile)
3. Qualification with date & name :-
of the college attended.
4. Whether registered with the :-
Maharashtra Dental Council, Bombay.
State the Registration number/ Receipt no
5. Appointments previously held if any :-
state the period also (including
rotating period)
6. Address, Mobile No & Landline No :-
7. I) Are you a member of any of the :-
following (say YES or NO)
a) Scheduled caste
b) Scheduled tribes (including tribes :-
outside specified area in Vidarbha
c) Vimukta Jatis & Nomadic Tribes :-
d) Other backward classes.
II) If the answer to (6-I) is YES give :-
the details & attested copies for
evidence.
III) Whether the admission to BDS :-
course secured in reserved seats,
if so, state in which category
8. Whether registered for postgraduate :-
course if so, please give date & state
what course for which registered.

9. No. of attempts at the Final BDS & Third BDS examination. :-

10. One year internship completed whether. :-
yes or No. with period-

11. Number of marks & attempts/Gap/Drop of DENTAL SUBJECTS.

Sr. No.	Subject	Max. marks in a sub.	Marks obtained in the sub.	No. of Attempts	Failure Yes or No	Gap/Drop Yes or No
1.	PROSTHETIC DENTISTRY					
2.	CONSERVATIVE DENTISTRY					
3.	PERIODONTIA					
4.	ORAL SURGERY					
5.	ORTHODONTIA					
6.	ORAL DIAGNOSIS					
7.	PEDODONTIA					
8.	PUBLIC HEALTH DENTISTRY					
9.	TOTAL FINAL BDS MARKS					
10.	ORAL PATHOLOGY MARKS.					
11.	TOTAL 3 RD BDS MARKS					
12.	NO 9 & 11 TOTAL MARKS					

The True copies of certificates attached are as follows passing

- 1) Passing certificates of B.D.S.
- 2) First year to final year B.D.S. mark sheet. (All mark sheets)
- 3) Birth certificate.
- 4) Registration certificate.
- 5) Cast certificates & cast validity certificate.
- 6) Internship compilation certificate (Issued by respective College)
- 7) Non- Creamy layer certificate to be attached by (NT-2/NT-3/OBC)
- 8) Attempt certificate.
- 9) Clinical Assistant certificate. (Previous: experience)

Undertaking: - The information given by me is correct. If found incorrect my application will be treated an invalid and rejected.

PLACE: -

DATED: -

Signature of the applicant
