

APPLICATION FORM

TO,  
THE DEAN,  
GOVERNMENT DENTAL COLLEGE & HOSPITAL,  
JALGAON ( 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								
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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	Publication Points
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 :

