

POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK

(Pt. B.D. Sharma University of Health Sciences, Rohtak)

Application Form for Short Term Clinical Assistantship for BDS Graduates

1. List of Documents Attached with Application Form

- | | |
|----------|----------|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |



2. Full Name (in block letters):

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3. Sex: Male Female

4. Father's Name (in block letters)

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5. Date of Birth

Date	Month	Year

6. a) Resident of Haryana Yes No b) Nationality _____

7. Full Postal Address (in block letters)

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Pin Code:- _____ Telephone/ Mobile No. (if any):- _____

8. Registered with State Dental Council Yes No Registration No. _____

9. Details of Studies of 10th, 10+2 Classes:

Name of Class	Name of School/ College where studies	Roll No.	Month & Year of passing the Exam.	Name of Board/ Univ.	Result/ Marks Obtained	Max. Marks	%
10 th							
12 th							

10. Details of Studies of BDS Course:

Name of Class	Name of College where studies	Roll No.	Month & Year of passing the Exam.	Name of University	Result / Marks Obtained	Max. Marks	%	Attempt
BDS 1 st Yr.								
BDS 2 nd Yr.								
BDS 3 rd Yr.								
BDS Final Yr.								
Internship Completion Certificate								

11. Any other relevant testimonial / document including merit certificates/ medals, etc. _____

Date : _____
 Place : _____

Signature of Candidate

DECLARATION

Certified that the particulars mentioned above are true to the best of my knowledge.

Date : _____
 Place : _____

Signature of Candidate