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

Affix your passport size photo here duly attested

1. **List of Documents Attached with Application Form**

   1) ..... 4) .....

   2) ..... 5) .....

   3) ..... 6) .....

2. **Full Name (in block letters):**

3. **Sex:** Male | Female

4. **Father's Name (in block letters)**

5. **Date of Birth** Date ☐☐ Month ☐☐ Year ☐☐

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

7. **Full Postal Address (in block letters)**

   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	%
10th							
12th							

10. **Details of Studies of BDS Course:**

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