

# 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**

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|----------|----------|
| 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

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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 10<sup>th</sup>, 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 <sup>th</sup>							
12 <sup>th</sup>							

**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 <sup>st</sup> Yr.								
BDS 2 <sup>nd</sup> Yr.								
BDS 3 <sup>rd</sup> 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