

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

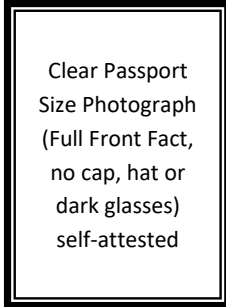
Roll No.					
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(To be filled by the Office)

Application Form

Fellowship Program Entrance- 2019

(Incomplete application will not be entertained)



1. Name of the candidate: _____
(in Block Letters)
2. Name of the Candidate (in Hindi) _____
3. Father's Name : _____
4. Sex (Male/Female): _____
5. Date of Birth : Date _____ Month _____ Year _____
6. Haryana Resident: Yes/No
7. Mailing Address: _____

_____ Pin _____
8. Permanent Address: _____
_____ Pin _____
9. Contact No. (Landline): _____ (Mobile) _____
10. E-mail: _____

11. Educational Qualifications (please provide the attested copy of mark sheets):

Examination	Subjects	Name of Institute	Year	% Marks
B.D.S.				
M.D.S.				
Any Other				

12. Fellowship you want to join for Fellowship work (preference wise)

(i)

(ii)

(iii)

(iv)

(v)

(vi)

13. Research experiences in past, if any:

Duration: _____

Place of Work: _____

Area of Work: _____

14. List of publications if any (please attach a photocopy of best five publications):

S. No.	Title of Paper	Name of the Journal	Volume	Year of Publication
1.				
2.				
3.				
4.				
5.				

15. Professional/Employment Record (if any, in chronological order);

S. No.	Type of Fellowship/ Employment	Name of Institution	Period	Amount of Fellowship/Salary	Nature of Duties

16. Are you in Service Yes/No

If Yes, Name & Address of Employer: _____

Whether Permission of Employer enclosed Yes/No

For Candidate in Service

I/We have no objection if Mr./Ms. _____ employed as _____ appears in the Entrance Examination (Session 2019) for admission to Fellowship in _____. If selected, he/she will be sanctioned leave and will be relieved in time for joining the course.

Date and Place

Signature & Seal of Employer

DECLARATION

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/admission may be cancelled.

Date and Place

Signature & Seal of Employer

To be filled by the Candidate:

Application Fee: Submit a draft of Rs. 2000/- (Rs. Two Thousand Only) Gen. and Rs. 500/- in case of SC/BC of Haryana State in favor of "Controller of Finance, Pt. B.D. Sharma UHS, Rohtak payable at Rohtak.

Draft Number: _____ Dated: _____ Bank: _____

Check List of Enclosures:

1. Draft of Rs. 2000/- or Rs. 500/- (whichever applicable) in favour of Controller of Finance, Pt. B.D. Sharma UHS, Rohtak payable at Rohtak / or proof of payment.
2. Attested Copies of Mark Sheets of graduation & Postgraduation Degrees
3. Attested copy of High School Certificate for the proof of Date of birth
4. Attested copy of Haryana Resident (if applicable)
5. Attested Copy of Dental council of India Registration Certificate

Place of submission of form:

Examination Branch, Pt. B.D. Sharma
University of Health Sciences, Rohtak

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

PROVISIONAL ADMIT CARD FOR ENTRANCE EXAMINATION TEST FOR FELLOWSHIP PROGRAM ENTRANCE – 2019		
Name	Roll No.	
Father's Name:		
Examination Center No:	Category	<i>Paste Here your recent photograph</i>
Examination Center:	Date of Examination	
Candidate's Address:		
	Controller of Examination	Signature of Candidate

INSTRUCTIONS FOR CANDIDATES

- a. The candidates should bring their Admit Card failing which he/she will not be allowed to appear in the entrance Examination.
- b. Candidates are directed to report at the Examination Centre one hour before the commencement of Entrance Examination.
- c. Complete videography/photography of each candidate appearing in the Entrance Examination shall be got done and the same will be matched at the time counseling.
- d. Mobile/Pager/Wrist watch/Purse/hand bag & any other electronic gadget is not allowed in the examination center. If any candidate is found with communication aids, the same shall be confiscated and the candidature will be cancelled.
- e. The candidates are advised to ensure their eligibility as per provisions made in the prospectus before appearing in the Entrance Examination. The result will be provisional. Mere appearing in the Entrance Examination will not make them eligible for selection, which will be taken into consideration after checking their eligibility in all respects, at the time counseling by the competent authority.
- f. Candidates are advised to check their category and other related information. In case of any discrepancy they should contact to the office of the Controller of Examinations, UHS, Rohtak before the date of Entrance Examination.
- g. If any candidate is found using unfair means or exchanging their answer sheets/ question booklets in the Entrance Examinations, he/she will be disqualified and action will be taken as per University Rules.
- h. If any impersonation is found at any stage of admission, the candidature of the concerned candidate will be cancelled and legal action will be taken against both.
- i. If the candidate does not appear in the Entrance Examination on due date. No further chance will be given.
- j. The University will not be responsible for any postal delay or no delivery of this ADMIT CARD due to loss in transit.
- k. Candidates should bring one identity proof out of Aadhar Card, PAN Card, Driving License & Voter Card to appear in Examination Hall.

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Acknowledgement Card

Dairy No. _____

Dated: _____

Receipt of your Application Form for admission to Fellowship Program 2019 is hereby acknowledge.

Authorized Signatory
Pt. B.D. Sharma UHS Rohtak