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) .....

Affix your passport size photo here duly attested

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 the Exam.	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

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