

APPLICATION FORM

Post Applied for:*					
					Attested Photograph
1. Name:* (In Block letters)					
2. Date of Birth: * (DD/MM/YYYY): Age as on (01/09/2025):			3. District / State of Domicile:*		
4. Gender:*		5. Marital Status:*		6. Mobile No:*	
				7. Alternate Mobile No:*	
8. Permanent Address: *				Present Mailing Address:	
9. Email Address:*					
10. Languages spoken:*					
11. Languages written:*					
12. Education: Higher School (class 10th) onwards, please list all your qualifications: *					
Exam Passed	Board / University	Name of the Institution and Location	Marks		
			Full Mark	Marks Secured	%
13. Employment Record:* Years of experience in Government Sector/ Public Sector:					

14. Details of Employment: (Use separate sheets if required):* (Strating with your present employment, list in the reverse order all the employments you have had)			
15. A. Current Employments:*			
Period: (From- To)		Designation held	
Location of Employment:*			
Description of duties rendered:*			
15. B. Previous Employment:			
Period: (From- To)	Location of Employment	Designation held	Job responsibility
Declaration: I do hereby declare that all the information furnished above are true and correct to the best of my knowledge and belief.			
Date-		Signature if the Applicant	

Notes:

The self-attested photo copies of following documents are to be enclosed along with the application.

- a) All marks sheet and certificates in proof of the claim made by the candidates relating to their educational qualification.
- b) Experience / Service Certificate issue by the Competent Authority.
- c) Copy of Registration Certificate issued by Dental Council of respective States / DCI.