



## Application form for the post of “Junior Resident (Dentistry)”

1. Name in full (capital letters): -----
2. Father’s Name (capital letters):-----
3. Age & Date of Birth: -----
4. Nationality:----- Domicile State: -----
5. Address for communication: -----
6. Permanent Address:-----
7. Email Id: 1. -----2.-----
8. Mobile No: 1. -----2.-----
9. Marital Status (Married/Unmarried/\_\_\_\_\_); Number of Children: -----
10. Rajasthan Dental Council Reg. No.: (BDS) -----
11. Particulars of examinations passed:



Qualification	Institute / College	University / Board	Passing Year	Aggregate Percentage	Attempts			
					I	II	Pt-I	Pt-II
BDS								

12. List of enclosures (self attested photocopies to be attached in serial order as specified below):-

Name of Document	Attached / Not Attached	Verification
1. Secondary School Exam. Passing Certificate		
2. BDS Marksheets (all)		
3. Internship completion Certificate.		
4. Attempt Certificate (BDS).		
5. Degree BDS		
6. RDC Registration (BDS)		
7. Experience Certificate (if any; benefit of experience will be given only if experience certificate is attached)		

**DECLARATION:** I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief.

Place:

Date:

Signature of Candidate