



कार्यालय, प्रधानाचार्य चिकित्सा महाविद्यालय एवं नियंत्रक संलग्न चिकित्सालय समूह,
रंगबाडी रोड, सेक्टर-ए, रंगबाडी, कोटा-324005

दूरभाष नं० 0744-2470674 || ईमेल : principalmck@gmail.com || वेबसाइट :
://www.education.rajasthan.gov.in/gmckota



No. F.3()Acad/SR-Dentistry/2022/08

Dated: 07.01.2022

NOTICE

The walk-in-interview for **One** vacant post of **Senior Resident** in the Department of **Dentistry** in this Institution (for one year duration only) will be held on **11.01.2022** at **2PM**.

Eligible candidates can submit their applications (in the enclosed proforma) to the office of this college upto **01.00PM** of **11.01.2022**.

(Dr. Vijay Sardana)
Principal & Controller

No. F.3()Acad/SR-Dentistry/2022/08

Dated: 07.01.2022

Copy to the:-

- 1- Addl. Director (Admn) & Ex-office joint secretary, Directorate of Medical Education, Chikitsa Shiksha Bhawan, Govind Marg, Jaipur
- 2- Deputy Secretary, Medical Education (Gr.I), Govt. Secretariat, Jaipur
- 3- Deputy Director (Administration/Acad), RajMES Directorate, DME, Jaipur
- 4- Principal & controller, SMS Medical College, Jaipur/JLN Medical College, Ajmer/ RNT Medical College, Udaipur/ SN Medical College, Jodhpur/SP Medical College, Bikaner
- 5- Dean, RUHS CMS, Jaipur/Jhalawar Medical College, Jhalawar.
- 6- Addl. Principal, I/II/III, Govt. Medical College, Kota.
- 7- HOD, **Dentistry**, Govt. Medical College, Kota.
- 8- Dr Deepika Mittal, Chief Officer-in-Charge, Academic Section, Govt. Medical College, Kota
- 9- Officer-in-Charge, I.T. Section, Govt. Medical College, Kota/Notice Board College.
- 10- Accounts Section/Bill Stipend.

Principal & Controller



Application form for the post of "Senior Resident (DENTISTRY)"

Service Category (piz ✓ the correct option): Non-Service / In-Service (attach NOC if In-Service)

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 State Dental Council Reg. No.: (BDS) ----- (MDS) -----

11. Particulars of examinations passed:

Qualification	Institute / College	University / Board	Passing Year	Aggregate Percentage	Attempts			
					I BDS	II BDS	III BDS	Final BDS
BDS								
MDS (mention specialty--) ()								
Other (if any) ()								

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

Name of Document	Attached / Not Attached / Not.Applicable	Verification
1. Secondary School Exam. Passing Certificate		
2. BDS Marksheets (all)		
3. Internship completion Certificate.		
4. Attempt Certificate (BDS).		
5. Degree BDS		
6. Rajasthan State Dental Council Registration (BDS)		
7. Diploma/PG/Post-PG Marksheets (all)		
8. Attempt Certificate (MDS)		
9. Degree MDS		
10. Rajasthan State Dental Council Registration (MDS)		
11. Publications (if any)/Other relevant documents		
12. NOC (if In-Service candidate)		

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

Affix recent
passport size
photograph