

Govt. Dental College & Hospital, Aurangabad.
PROFORAMA
APPLICATION FOR THE POST OF CLINICAL ASSISTANT

1 Name in full:- _____

2 Complete current postal address for communication:- _____

3 Complete permanent postal address for communication:- _____

Phone/Mobile No.:- _____ Email id: _____

4 Claiming reservation for:- a) Physically Handicapped:- _____ b) Backward Class:- _____

Religion:- _____ Caste:- _____ Name of Sub-Caste:- _____ Category of Caste :- _____

(SC / ST / VJ / NT1 / NT2 / NT3 / OBC/EWS/SBC/OPEN)(Mark to Caste Category from which applicant belong)

5 Name of College from where BDS Passed:- _____

6 Mark obtained in each of the BDS University Examination (I,II,III & Final Passed)

Year	Subject	Subject Attempt	Marks Obtained	Maximum Marks	Attempt	Date & Year of Passing
BDS-I	1)					
	2)					
	3)					
	Total					
BDS-II	1)					
	2)					
	3)					
	4)					
	5)					
	Total					
BDS-III	1)					
	2)					
	3)					
	Total					
BDS-IV	1)					
	2)					
	3)					
	4)					
	5)					
	6)					
	7)					
	8)					
	Total					
Grand Total of all BDS Examination						

Photo

7 Details of Experience:-

Sr. no	Name of the Post	Name of the Institution	From	To	Total
1	Clinical Assistant				
2	Any Other Post				

- 7 Registration No. under Dentist Act 1948:- A- _____
- 8 Presently working at give address:- _____
& Designation of Employer _____
- 9 Have you submitted your application? _____
Through Proper Channel
- 10 Preference for Post:- Regular / Casual or Both (Mark on) _____
- 11 Alternate (Parent's) Contact No. _____
- 12 कोविड-१९ च्या रुग्णांचे उपचारासाठी तसेच तद्‌अनुषंगिक कामांसाठी तयार आहेत काय? होय/नाही.-----

Special Note

- 12 All Candidate Must attach the following Certificates in following sequence.
- School Leaving Certificate/ 10th board certificate (for Date of Birth)
 - Domicile Certificate.
 - Registration Renewal Certificate.
 - Caste Certificate from executive Magistrate
 - Caste Validity Certificate
 - Non-Creamy Layer (For VJ,NT1,NT2,NT3,OBC,SEBC,EWS,SBC Candidates) For Competent Authority.
 - 1st to Final BDS All Mark sheet.
 - Attempt Certificate.
- i) BDS Passing Certificate.
- Internship Completion Certificate.
 - EWS candidate must attached Competent Authority (As Backward Class) Certificate.

DECLARATION

- I have read the provisions in the Advertisement and I hereby undertake to abide by them.
- I hereby declare that all claims/Statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection, action can be taken against me by the Dean, Govt. Dental College & Hospital, Aurangabad and Concerned Authority.

Place:- Aurangabad

Date:- / /

SIGNATURE OF THE APPLICANT