

GOVERNMENT DENTAL COLLEGE & HOSPITAL, HYDERABAD, TG.
SENIOR RESIDENT APPLICATION FORM: 2024-25

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

SPECIALITY / DEPARTMENT: _____

1. Full Name(BLOCKLETTERS): _____
2. Father's/Husband's Name: _____
3. Male/Female: _____
4. Date of Birth & Age as on 10.04.2025: _____
5. Social Status: _____
6. Physically Handicapped Category/EWS: _____
7. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

Qualification	Name of the College	Name of the University	Month & Year of passing	Degree Registration no	Name of the State Dental Council
BDS					
MDS Subject:					

PG Theory marks		Theory Total Marks	Marks in percentage
Part I	Part II		

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

8. Residential Address/ E-mail address/ Mobile Number

9. Local/Non Local (specify): _____

NOTE:

1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, TWO (2) SETS OF ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW.

S.No	Particulars of enclosures	Yes/No
1	Proof of Date of Birth (SSC/Birth certificate)	
2	Study/ Bonafide certificate 1 st to 10 th class	
3	MDS Original Marks Memo Part I & II	
4	MDS Original Degree /Provisional Certificate	
5	BDS Original Degree Certificate	
6	MDS Bonafide/Study Certificate	
7	BDS and MDS Registration Certificates from Telangana Dental Council	
8	Social Status Certificate if any	
9	Physically Handicapped certificate if any/ EWS certificate	
10	Aadhar Card	

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. **I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for my selection.**

Date:

Place:

Signature of the candidate