

GOVERNMENT DENTAL COLLEGE & HOSPITAL, HYDERABAD, T.G.
SENIOR RESIDENT APPLICATION FORM 2024-25

AFFIX PHOTO

MDS SPECIALTY: _____

1. NAME OF THE CANDIDATE: _____
(Full Name in block letter including surname)
2. GENDER: _____ 3. DATE OF BIRTH (DD/MM/YY): _____
4. MONTH & YEAR OF PASSING MDS: _____
5. THEORY MARKS (PART 1 & 2): _____ + _____ = _____ OUT OF _____
6. CASTE: OC/BC-A/B/C/D/E/SC/ST: _____
7. STUDY CERTIFICATES (1st to BDS): _____
8. PG STUDY UNIVERSITY: _____
9. MDS DEGREE/PROVISIONAL DEGREE CERTIFICATE: _____
10. LATEST TS DENTAL COUNCIL REGISTRATION NO: _____
11. EMAIL ID: _____
12. MOBILE NO: _____ AADHAR NO: _____
13. ADDRESS: _____

14. DD NO:

DATE:

BANK DETAILS:

SIGNATURE OF CANDIDATE

**(PLEASE DOWNLOAD TWO COPIES AND SUBMIT THE FILLED FORMS WITH ALL RELEVANT
DOCUMENTS BEFORE THE DUE DATE IN THE O/o THE PRINCIPAL AT GDC&H, HYD)**
(FOR OFFICE USE ONLY)

Allotted for Posting from _____ to _____
in the department of _____ in
Govt. Dental College & Hospital, Hyderabad candidate Should Join on or before _____

PRINCIPAL