

GOVERNMENT DENTAL COLLEGE & HOSPITAL, HYDERABAD, TG.

SENIOR RESIDENT APPLICATION FORM: 2026-27

PASTEHERE
LATEST
SELFATTESTED
PHOTOGRAPH

SPECIALITY / DEPARTMENT: _____

1. Full Name (BLOCK LETTERS): _____

2. Father's/Husband's Name: _____

3. Male/Female: _____

4. Date of Birth & Age as on 03-04-2026: _____

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. ResidentialAddress/E-mailaddress/ MobileNumber

9. Local/Non Local (specify): _____

NOTE:

1. INCOMPLETEAPPLICATIONWILLNOTBEENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, TWO(2)SETS OF ATTESTEDPHOTOCOPIESOF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW.

S.No	Particulars of enclosures	Yes/No
1	DD No. _____ Amounting Rs. 2000 in favour of Principal GDC&H, HYD	
2	Proof of Date of Birth (SSC/Birth certificate)	
3	Study/ Bonafide certificate 1 st to 10 th class	
4	MDS Original Marks Memo Part I & II	
5	MDS Original Degree /Provisional Certificate	
6	BDS Original Degree Certificate	
7	MDS Bonafide/Study Certificate	
8	BDS and MDS Registration Certificates from Telangana Dental Council	
9	Social Status Certificate if any	
10	Physically Handicapped certificate if any/ EWS certificate	
11	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