GOVERNMENT OF NCT OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT ARUNA ASAF ALI GOVT. HOSPITAL 5 RAJPUR ROAD, DELHI-110054

| APPLIC | ATION FORM FOR JUNIOR R | ESIDENT (DENTAL) | Affix Recent Passport Size Photograph |
|----------|-----------------------------|------------------|---|
| Post App | olied for : | | |
| 1. | *Name | | |
| 2. | Father's Name | Male: | Female: |
| 3. | Permanent Address | | |
| | *Postal Address | | |
| 4. | Phone Home: * Mobile: | | |
| 5. | *Email ID | | |

*Date of Birth

CATEGORY-Gen/SC/ST/OBC (OBC

candidate must be from GNCT of Delhi)

6.

7.

8. Examination passed

(a) BDS

| Year of Passing Examination | Total Marks Obtained (I to Final year) | No. of Attempts in Final Year |
|-----------------------------------|--|--|
| | | |

| (b) | MDS | (specialty) |
|-----|-----|-------------|
| | | |

| Name of the Institute & University | Year of Passing Examination | Total Max Marks (I to Final year) | Total Marks Obtained (I to Final year) | Marks obtained in percentage % or Division | No. of Attempts in Final Year |
|--|-----------------------------------|---|--|--|--|
| | | | | | |

9. Details of work experience after MDS:

| Place of work – Name of Hospital/Institute/Clinic with address | Designation | Pay Scale or Gross Salary | Period of en | nployment |
|---|-------------|------------------------------|--------------|-----------|
| Trospital/Institute/Clinic Will dutiess | | rate case government | From | То |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 10. | * Documents must be self | i) Age Proof |
|-----|---------------------------|--|
| | attested (indicate v mark | ii) Caste Certificate (SC/ST/OBC) |
| | against the certificates | iii) BDS Degree with all marksheets |
| | attached) | iv) Internship Completion Certificate |
| | | v) Attempt Certificate |
| | | vi) MDS Degree/ Provisional Degree |
| | | vii) State Dental Council Registration |
| | | viii) Experience Certificate |
| | | ix) 2 Passport size photograph |
| | | (one to be affixed on form and one separately) |

| | UNDERTAKING |
|-------|--|
| | hereby declare that above-mentioned particulars nowledge and belief. Should at any point of time the information rect then my candidature is liable to be cancelled even after the om where I have passed BDS and MDS course, is recognized by |
| Date: | Signature |
| | Name: |

GOVERNMENT OF NCT OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT ARUNA ASAF ALI GOVT HOSPITAL 05 RAJPUR ROAD, DELHI-110054.

No. F.1/188VAAAGH/Esstt./Apptt./2019/Pt. File/ 2105

Date: |0 | 08 | 20 22

ADDENDUM

In continuation to the advertisement notice for the post of J.R. in Dental department was uploaded on 08.08.2022 on Delhi Govt Website, the prescribed format for applying above post herewith attached.

MEDICAL SUPERINTENDENT