APPLICATION FORM

Application will be considered invalid without the payment of the Application Processing Fee. Checklist of enclosures to be attached on top of the application form. All fields are mandatory without which the application form will not be accepted.

GRANT OF SHORT SERVICE COMMISSION IN ARMY DENTAL CORPS-2019

(USE BLOCK CAPITAL LETTERS ONLY)

Affix a recent passport size photograph

(a) Name of Applicant (as per Matriculation Certificate) (Give one box gap between First/Middle/Surname)

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|---|----|----|---|----|----|---|----|--------|--|---|---|--|--|
| 1 | | HY | | // | | | | 0 | | | | | |

- (b) Name of the Applicant in Hindi:
- (c) Have you ever changed your name (After Matriculation): Yes / No
- (d) If Yes:

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(i) New name of Applicant (as per Central/State Gazette notification/any other authority) (Give one box gap between First/Middle/Surname)

| | 1 | 1 | | | | | | | (1) | |
|--|---|---|--|--|--|--|--|---|-----|--|
| | 1 | 2 | | | | | | 1 | // | |

(ii) New Name in Hindi: _

(Encl photocopy of authority clearly highlighting your old & new name)

- 2. DOB DDMM YYYY 3. Age as on 31 Dec 2019 years months days Gender Male / Female 4. 5. Married / Unmarried (a) Marital status: (b) If married, details of spouse (i) Name: (ii)Nationality: 6. Father's name
- 7. (a) Postal address for correspondence with pin code :

| | (b) | Mob no : | | | |
|-----|---------------|--|----------------|---------------------|------------|
| | (C) | Aadhaar Card No: | | | |
| | (d) | Email id : (Clear & legible in BLOCK CAPITALS) | <u></u> | | |
| 8. | Perma | anent address with pin code : | | | |
| | | | í | | |
| | | A ABU | | | |
| 9. | (a) | Name of College(BDS) | 101 | | |
| | & Univ | versity | | | |
| | (b) | Name of College (MDS) | \mathcal{V} | AVE | |
| | & Univ | versity | | $\sim M(I)$ | |
| 10. | Year | of passing | | | |
| | (a) | BDS | | NY01 | |
| | (b) | MDS (Specify speciality) : | | 111/1/1 | |
| 11. | (a) | Roll no of NEET(MDS)-2019 : | | | |
| | (b) | Score of NEET (MDS)-2019 : | <u>\</u> , | | |
| | (c) | Marks obtained in Final BDS : (Aggregate of all Subjects) | $-\lambda$ | _ out of | |
| | (d) | Percentage marks in final year BDS: (Upto 2 decimal places) | 771 | % | |
| 12. | (a) Passe | Whether Dental college from where you have ed BDS/ MDS is recognized by DCI | : BDS: MDS: | Yes / No Yes/ No | |
| | (b) Interr | Dental college from where you have completed aship is recognized by DCI | i Yes, | / No | |
| 13. | Date o | of internship : From | <u></u> | to | |
| 14. | Perma | anent Dental Registration No. : | | 200 | <u>ç</u> _ |
| 15. | Issuin | g office | Date o | of validity | 2 |
| 16. | Partic | ulars of present employment & emoluments (if a | any): | | |
| | | | | | |

17. Any Teaching experience: ______

18. Have you appeared for SSC interview/Medical board for commissioning in Army Dental Corps earlier? If yes, give dates & outcome of interview and medical board:

| S No | Roll No | Date of interview | Remarks |
|---------|---------|-------------------|---------|
| | AND | 71 JUDASIA | |
| | AVE | - Callingung | |

19. Application processing fee (Rs. 200/- only) Demand draft No

Date of issue

Name of Bank

Postal address of bank with PIN_____

(Date of issue of Demand Draft should not be before the publication of advertisement)

I hereby declare that all statements made in the application are true and correct to the best of my knowledge and belief. My application may be rejected at any stage if the above statements are found false/incorrect.

| Date: Place | Signature of Candidate |
|-----------------|--|
| Q | for Office Use Only Verified & Remarks (if any) |
| | |
| Date: Place: | Signature of the Officer |

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GRANT OF SHORT SERVICE COMMISSION IN ARMY DENTAL CORPS-2019

CHECK LIST OF ENCLOSURES TO BE SUBMITTED ALONGWITH THE APPLICATION FORM

(Tick the documents enclosed in the relevant box)

Name of Applicant: ____

| S.No | Attachment Item | Attached/ Not attached | Remarks |
|------|--|--|---------------------------------|
| 1 | Certificate of proof of age. | | |
| 2 | NEET (MDS)-2019 Admit Card | 10 0 | |
| 3 | NEET (MDS)-2019 Score Card. | 3.05 | SNA). |
| 4 | Final year BDS Mark Sheets (Part I & Part II) as applicable | und y | |
| 5 | BDS & MDS Provisional Pass Certificate/ Degree Certificate | a de la companya de la | No. |
| 6 | Compulsory Rotatory Internship completion certificate. | | |
| 7 | State Dental Council Registration certificate | | |
| 8 | Proof of Nationality | | |
| 9 | Aadhaar Card of the Candidate | | |
| 10 | Notification for any change in the name (if applicable) | | 10/12 |
| 11 | DCI Recognition certificate for Dental College/batch. | | To be obtained from the college |
| 12 | No Objection Certificate (if applicable) | mA | |
| 13 | 02 (Two) Passport size photographs | \mathcal{U} | VE |
| 14 | Demand Draft /Application Processing fee | 5111 | 1 |
| 15 | Self-addressed post card for 'Acknowledgement' | n V/2 | |
| 16 | Self- addressed envelope with Rs 50/- postal stamps | | Nº4 |

Date: Place: Signature of Candidate