

(b) Mob no : _____

(c) Aadhaar Card No: _____

(d) Email id : _____
(Clear & legible in BLOCK CAPITALS)

8. Permanent address with pin code : _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

9. (a) Name of College(BDS) _____
& University _____

(b) Name of College (MDS) _____
& University _____

10. Year of passing

(a) BDS : _____

(b) MDS (Specify speciality) : _____

11. (a) Roll no of NEET(MDS)-2019 : _____

(b) Score of NEET (MDS)-2019 : _____

(c) Marks obtained in Final BDS : _____ out of _____
(Aggregate of all Subjects)

(d) Percentage marks in final year BDS: _____ %
(Upto 2 decimal places)

12. (a) Whether Dental college from where you have Passed BDS/ MDS is recognized by DCI : BDS : Yes / No
MDS : Yes/ No

(b) Dental college from where you have completed Internship is recognized by DCI : Yes / No

13. Date of internship : From _____ to _____

14. Permanent Dental Registration No. : _____

15. Issuing office _____ Date of validity _____

16. Particulars of present employment & emoluments (if 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 |
|------|---------|-------------------|---------|
| | | | |
| | | | |

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

for Office Use Only

Verified & Remarks (if any)

Date:
Place:

Signature of the Officer

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 | | |
| 3 | NEET (MDS)-2019 Score Card. | | |
| 4 | Final year BDS Mark Sheets (Part I & Part II) as applicable | | |
| 5 | BDS & MDS Provisional Pass Certificate/ Degree Certificate | | |
| 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) | | |
| 11 | DCI Recognition certificate for Dental College/batch. | | To be obtained from the college |
| 12 | No Objection Certificate (if applicable) | | |
| 13 | 02 (Two) Passport size photographs | | |
| 14 | Demand Draft /Application Processing fee | | |
| 15 | Self-addressed post card for ' Acknowledgement ' | | |
| 16 | Self- addressed envelope with Rs 50/- postal stamps | | |

Date:
Place:

Signature of Candidate