

APPLICATION FORM FOR GRANT OF SHORT SERVICE COMMISSION IN ARMY DENTAL CORPS – YEAR 2013

Affix passport size
Photograph duly
attested by Gazetted
Officer

(USE BLOCK CAPITAL LETTERS ONLY)

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

- (b) Name of Applicant in Hindi: _____

- (c) Have you ever changed your name (after matriculation): Yes / No

- (d) If Yes, New Name of Applicant (as per Central/State Gazette notification/any other authority):

New Name in Hindi: _____
(Encl photocopy of authority clearly highlighting your old & new name)

2. Date of birth : D D M M Y Y Y Y
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3. Age as on 31 Dec 2013 : _____ years _____ months _____ days

4. Gender : Male/Female

5. (a) Marital Status : Married/Unmarried

- (b) If married, details of spouse: (i) Name _____
(ii) Nationality _____

6. Father's name : _____

7. (a) Postal address for Correspondence with pin code:

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- (b) Mobile No. & Email ID: _____

8. Permanent address with pin code: _____

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9. (a) Name of College _____ & University _____ from where passed BDS.
- (b) Name of College _____ & University _____ from where passed MDS.
10. (a) Year of passing BDS : _____
- (b) Year of passing MDS (specify Speciality also): _____
11. No. of attempts taken in final year BDS: _____
12. (a) Marks obtained (final year BDS only): _____ out of _____
- (b) Percentage in final year BDS (upto 2 decimal places): _____ %
13. (a) Dental college from where you have passed BDS/MDS is recognized by DCI: BDS: Yes/No
MDS: Yes/No
(enclose a copy of authority)
- (b) Dental college from where you have completed internship is recognized by DCI: Yes/No
(enclose a copy of authority)
14. Dates of Internship: From _____ To _____
15. Permanent Dental Registration No. _____
Issuing Office & date of validity: _____
16. Present employment _____
& emoluments: _____
17. Any other professional qualification: _____
18. Have you appeared in SSC Interview/Medical Board for commissioning in AD Corps earlier? If yes, give dates & outcome of interview & the medical board:

	Roll No.	Date of Interview	Date of Medical Board	Remarks
1.				
2.				

I hereby declare that all the statements made in the application are true and correct to the best of my knowledge and belief.

Date:

Signature of the Candidate