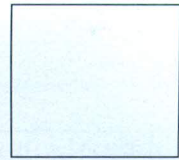


Government of Karnataka
DIRECTORATE OF MEDICAL EDUCATION
Ananda Rao Circle, Bangalore-9, email.dmekarnataka@yahoo.com
APPLICATION FORM FOR THE POST OF DEAN CUM DIRECTOR OF GOVT. DENTAL
COLLEGE AND RESEARCH INSTITUTE, BANGALORE



Notification No:

1	Name of the Candidate (in capital letters)					
2	Name of the Father / Mother / Husband/wife					
3	a) Permanent Address (in Capital letters with Mobile No. and E-mail ID)					
	b) Postal Address for correspondence (in Capital letters)					
4	Date of Birth (as recorded in the SSLC certificate) a. Nationality b. Religion c. Caste					
5	QUALIFICATION WITH THE FOLLOWING DETAILS (in Capital Letters)					
	Qualification	Marks/ Grade etc	Perce ntage (%)	Name of the College	Name of the University	Year of passing
	BDS					
	MDS					

6	Particulars of registration with State Dental Council to be furnished				
7	EXPERIENCE (In Capital letters)				
	Designation	Period (DD/MM/YY)		Total No. of Years	Name of University
		From	To		
	Assistant Professor / Lecturer				
	Assistant Professor				
	Associate Professor/ Reader				
	Professor				
	Professor& HOD				
8	Present status of employment				
(a)	In-service I. Place of working				
9	Other information / Achievement				
(a)	Paper Presented				
	I. State conference				
	II. National Conference				
	III. International Conference				

