



Western Railway

APPLICATION FORMAT FOR ENGAGEMENT AS PART-TIME DENTAL SURGEON ON 'CONTRACT BASIS'

Website: www.wr.indianrailways.gov.in

Affix Recent Passport Size Color Photograph duly signed by the candidate

1. Applicant's Name (IN BLOCK LETTERS)

Grid for Applicant's Name

2. Father's/Husband's Name (IN BLOCK LETTERS)

Grid for Father's/Husband's Name

3. Date Of Birth of Applicant (Attach Proof)

Table for Date of Birth: Day, Month, Year

4. Age as on Date of Interview

Table for Age: Years, Months, Days

5. Nationality: _____

6. Sex (Tick In The Appropriate Box)

Table for Sex: Male, Female

7. Present Occupation: _____

8. Permanent Residential Address: _____

Pin Code: _____

9. Address For Correspondence: _____

Pin Code: _____

10. E mail ID: _____

11. Phone No (with STD code): _____

MobileNo: _____

12. Educational/Academic/Technical/Professional Qualifications (Attach Proof):

Table with 6 columns: Sr. No, Examination Passed, College/Institution & Board / University, Year of passing, Marks Obtained/Total Marks, % age of Marks

13. Dental Council of India Registration No. _____ Valid up to: _____
State to which registered: _____

14. Details Of Experience (Attach Proof):

Sr. No	Post/ Designation held	Organization/ Employer's Name & Address	Date/Period		Total Period Worked			Duties/Job responsibilities held
			From	To	Yrs.	Months	Days	
1								
2								
3								
4								
5								
6								
7								
8								

15. Any Other Information you want to furnish:

16. Marks of Identification: a) _____

b) _____

17. Details of **enclosures** attached (All copies should be attested):

1. B.D.S. Degree Certificate or M.D.S. (Post-graduate) Certificate.
2. Compulsory Rotatory Internship Completion Certificate in Dental Surgery.
3. Certificate of valid Registration as Dentist under the Dentist Act.
4. Experience Certificate - minimum 3 (three) years.
5. Certificate of proof of date of birth / age.
6. Proof of Identity (Passport, Driving License, Voter ID, and PAN Card)

DECLARATION

I hereby declare that I have carefully read the conditions of eligibility and I satisfy them. All the statements made in this application and the facts and evidences given in support are **true, complete and correct** to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the test/selection, my **candidature/appointment is liable to be cancelled without assigning any reason or prior notice.**

Date: _____

Place: _____

(Signature of the applicant)