**APPLICATION**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Candidate |  |
| 2. | Applied for the post |  |
| 3. | Applied for the department(Not applicable for Tutor) |  |
| 4. | Date of Birth/ Age |  |
| 5. | Address |  |
| 6. | Email id |  |
| 7. | Phone No |  |

8. **Educational Qualifications** **(All Copies in PDF).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Degree | Institution | University | Year of passing | Percentage  |
| (a) | Bachelor of Dental Surgery  |  |  |  |  |
| (b) | Master of Dental Surgery: Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| (c) | PhD. or any other similar additional qualification after MDS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

9. **Publication Points (as per DCI norms):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Title of the Articles | Journal Name | Type of Publication (Research, Review/ Case) | Year of Publication  | Author No. | Category I/II/III  | Points |
|  |  |  |  |  |  |  |  |
|  | Total points |  |

10. **Scientific presentations**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Guest lecture/ Paper/ Poster | Title of presentation | International/ National/ State  | Details of Conference Presented | If awarded for the presentation |
|  |  |  |  |  |  |

11. **Teaching Experience**:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No | Name of Institute worked as a Teacher | Designation | Time Period |
| From | Till |
|  |  |  |  |  |

12. Any other attributes/ accomplishments (If any):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant

The information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature shall be liable to cancellation without notice in lieu thereof.

**Note** : 1. Soft copy Duly Filled Form to be mailed to acds.careers@gmail.com.

2. Hard copy of application to be send by speed post at ACDS, Chennapur-CRPF Road, Jawahar Nagar, Secunderabad – 500087