HARYANA STATE DENTAL COUNCIL, SCO 408, 2ND FLOOR, SECTOR-20, PANCHKULA

Passport size Photo

1.	Name of the candidate :								
2.	Father's/Husband Name :								
3.	Sex : Male / Female :								
4.	Date of Birth (DD/MM/YYYY) :.								
5.	Telephone / Mobile No. :								
6.	E-mail:								
7.	Name of the Deptt. from which retired:								
8.	Post held at the time of retirement:								
9.	Date of Retirement:(Enclosed Copy)								
10.	Present P	ension (O	nly Bas	sic):					
11.	Any disci	plinary ac	tion pe	nding at	the time of	f retiremen	nt		
12. Permanent Address :									
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13.	Correspon	ndence Ad	dress:	-					
								Pin	code
14	Education	al / Quali	fication	10.					
		nal / Quali	fication	is:					
Exam	ination	Board/ Uni		Year of	Maximum	The second second	%age of	Division	Subject
	ination				Maximum Marks	Marks Obtained	%age of Marks	Division	Subject
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- 16. Details of documents attached:
- 17. Declaration: I hereby declare that
- 1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected later on, my appointment may be cancelled without any notice and action may be taken against me by the Council.
- 2. I have never been convicted by any court.

Date :	
Place:	Signatures of the Candidate