

**HARYANA STATE DENTAL COUNCIL,  
SCO 408, 2<sup>ND</sup> 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 Pension (Only Basic) : \_\_\_\_\_
11. Any disciplinary action pending at the time of retirement \_\_\_\_\_
12. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pincode \_\_\_\_\_
13. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pincode \_\_\_\_\_
14. Educational / Qualifications :

Examination Passed	Board/ University	Year of passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subject
10 <sup>th</sup>							
10+2/Vocational Intermediate							
Graduation							
Post Graduation							
Any other Course/Diploma etc							

15. Total Experience: Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_

Name of Department	Designation	From	To	Total Period

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