



**POST GRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK**  
**PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES**  
**ROHTAK – 124001, HARYANA, INDIA.**  
**Tel. No. 01262-283876**



Ref No..PGIDS/.....

Date: / /2023

For July/August-2023

Name of the program	: Short Term Clinical Assistantship for BDS Graduates
No. of Seats	: 05
Period of Program	: 06 months
Eligibility	: Must have passed BDS from Dental Institute recognized by DCI. Having completed one year compulsory Rotating Internship from the date of advertisement. Registered with State Dental Council.
Fee for Assistantship	: Rs. 50000/- for 6 months Assistantship. Fee is not refundable.
Selection criteria	: 80% weightage be given to marks obtained in BDS & 20% for interview marks.
Guidelines	: Selection would be strictly on the basis of percentage of total marks obtained in BDS examinations (all 4 years) and performance during interview. Maximum period of assistantship shall be 6 months only and will not be extended. Candidate can choose maximum 02 specialities/subjects during the Assistantship. Preference would be given to wards of residents of Haryana Candidate under any Govt. or Private Job will be not entertained.
Terms & Conditions for a candidate after selection for program	: No remuneration will be claimed from the college during STCA and this STCA is purely honorary. That candidate will abide by all rules and regulations of STCA being followed at this college, otherwise Assistantship can be cancelled at any time. The admission is purely provisional and for for six months from the date of joining. The STCA can be withdrawn at any stage without assigning any reason. That the certificate for this course will be issued for dates and period spent in each subject/department. If during the period of STCA, candidate performance/conduct found unsatisfactory, his/her Assistantship can be cancelled at any moment. Candidate will deposit Rs. 50000/- in single payment (non refundable) before joining, with the fee Assistant of the Institute upto last date of fee submission (as specified by the Institution) Candidate is not in the service under any Govt./Semi-Govt./Center Govt./Pvt. Sector. Candidate will not claim any hostel accommodation.

**Interested candidates may apply on prescribed format with following documents:-**

- Copies of mark sheets of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & Final year
- Internship Completion Certificate
- Proof of resident of Haryana (Adhar card/ Resident certificate/ Passport/ Voter I-Card etc).
- Any other relevant testimonial/ document such as merit certificates/ medals.

The last date for submission of complete application in the office of Principal, PGIDS Rohtak is **29/09/2023(Upto 5:00PM)** and Interviews of eligible candidates will be conducted on **04.10.2023** at 11:00 AM in the office of Principal PGIDS Rohtak. Eligible candidates are requested to report at 10:00 a.m. sharp at the venue i.e Principal Office, PGIDS Rohtak. Thereafter the late comers will not be entertained at any cost. The list of eligible candidates will be displayed on the Institute/ University's website ([www.pgids.ac.in](http://www.pgids.ac.in) / [www.uhsr.ac.in](http://www.uhsr.ac.in)) or notice board. No separate interview letter will be sent.

**(Submission of incomplete application and received after the closing date will not be entertained and this office will not be held responsible for any postal delay)**

  
PRINCIPAL

# POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK

(Pt. B.D. Sharma University of Health Sciences, Rohtak)

Application Form for Short Term Clinical Assistantship for BDS Graduates

Affix your passport size photo here duly attested

**1. List of Documents Attached with Application Form**

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....
- 6) .....

**2. Full Name (in block letters):**

[Grid for Name]

**3. Sex:**  Male  Female

**4. Father's Name (in block letters)**

[Grid for Father's Name]

**5. Date of Birth**      Date      Month      Year  
[ ] [ ] [ ] [ ] . [ ] [ ] [ ] [ ]

**6. a) Resident of Haryana**  Yes  No      **b) Nationality** \_\_\_\_\_

**7. Full Postal Address (in block letters)**

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Pin Code:- \_\_\_\_\_ Telephone/ Mobile No. (if any):- \_\_\_\_\_

**8. Registered with State Dental Council**  Yes  No      Registration No. \_\_\_\_\_

**9. Details of Studies of 10<sup>th</sup>, 10+2 Classes:**

Name of Class	Name of School/ College where studies	Roll No.	Month & Year of passing the Exam.	Name of Board/ Univ.	Result/ Marks Obtained	Max. Marks	%
10 <sup>th</sup>							
12 <sup>th</sup>							

**10. Details of Studies of BDS Course:**

Name of Class	Name of College where studies	Roll No.	Month & Year of passing the Exam.	Name of University	Result/ Marks Obtained	Max. Marks	%	Attempt
BDS 1 <sup>st</sup> Yr.								
BDS 2 <sup>nd</sup> Yr.								
BDS 3 <sup>rd</sup> Yr.								
BDS Final Yr.								
Internship Completion Certificate								

**11. Any other relevant testimonial / document including merit certificates/ medals, etc.** \_\_\_\_\_

Date :  
Place :

Signature of Candidate

**DECLARATION**

Certified that the particulars mentioned above are true to the best of my knowledge.

Date :  
Place :

Signature of Candidate