**APPLICATION FORMAT FOR POST OF PRINCIPAL, ACDS**

Name of the Candidate:

Date of Birth/ Age:

Address:

Email id:

Phone No:

1. Educational qualifications:

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

1. 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 |  |

3. Scientific presentations:

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

4. Teaching Experience:

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

1. Any Administrative/ Financial experience in Colleges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Any other attributes/ accomplishments (If any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.