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Government of Karnataka
DIRECTORATE OF MEDICAL EDUCATION
 Ananda Rao Circle, Bangalore-9, email.dmekarnataka@yahoo.com
APPLICATION FORM FOR THE POST OF DEAN CUM DIRECTOR OF GOVT. DENTAL
COLLEGE AND RESEARCH INSTITUTE, BANGALORE

Notification No:

1	Name of the Candidate (in capital letters)					
2	Name of the Father / Mother / Husband/wife					
3	a) Permanent Address (in Capital letters with Mobile No. and E-mail ID)					
	b) Postal Address for correspondence (in Capital letters)					
4	Date of Birth (as recorded in the SSLC certificate)					
	a. Nationality					
	b. Religion					
	c. Caste					
5	QUALIFICATION WITH THE FOLLOWING DETAILS (in Capital Letters)					
	Qualification	Marks/ Grade etc	Perce ntage (%)	Name of the College	Name of the University	Year of passing
	BDS					
	MDS					

