THDC INDIA LIMITED



(Schedule "A" Mini Ratna Government PSU)

APPLICATION FORMAT

(Use Block Letters Only) (Please fill up this form with utmost care) Affix recent passport size color photograph here

Advt. No- 06/2022.

Post Applied for: Dental Surgeon (Orthodontist)

1. Name (as appears in S	5: SC certificate)			
1. Name (as appears in S	SC certificate)			
Please put a space between	en your first nan	ne, middle nam	e (if any) and	d last name.
2. Father/Husband's Name				
3. Date of Birth	DD	MM	YYYY	
4. Age as on 01.06.2022	Yr	Month	Days	
5. Sex (write "M" for M	ale or "F" for fe	male)		
6. State of Domicile				
CORRESPONDENCE	ADDRESS			
City/Town	State		Pin Code	
Telephone Number:	STD Code [Tel. No.	
Mobile No.	+91 [
PERMANENT ADDR	ESS			
	L			
City/Town	State		Pin Code	
Telephone Number:	STD Code		Tel. No.	
	ı		Tel. No.	
Telephone Number: Mobile No. Email Id	STD Code [+91 [Tel. No.	

D. ACADEMIC PERFORMANCE

1. **Basic Qualification**: Start from Matriculation/Higher Secondary

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Exam Passed	Institution/ University/	Subject of Study	Duration of Study	Month/Year of Passing	Aggregate % of Marks/CGPA(*)	Full Time/Part Time/Corresponde
1 assea	Board	orstaaj	or stady	(MM/YYYY)	Williams Collin	nce
2 Profe	ssional Ouali	 fication (P	 ease mentio	 n qualification w	 hich makes you elig	 vihle)
2.11010	ssionar Quan	lication (1)			men makes you eng	
2 4 4 4:+	ional Ovalifia	otion (if on	.,)			
3. Addit	ional Qualific	ation (11 an)	y) 			
(*if it	is Cumulative	Grade Poi	nt Average (CGPA), please c	onvert it to % of Ma	orks)
`				, <u> </u>		
E.	Category		(GEN/SC/S	ST/OBC/EX-SM)		
	Are you pl	nysically ha	ndicapped?	(Yes/No)		
	If yes plea	se mention	the details a	s follows:	VH	НН ОН
	Type of ha	ndicap (ple	ase put $()$ i	n appropriate box		
	Extent of c	lisability as	specified in	the disability cer	rtificate	
	Do vou be	long to Mir	ority? (Yes/	No)		
F.	Religion					
				_		

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G.	Details of Experience
••	Details of Emperience

Name of Organization	Designation	Scale of Pay	Dur	ation	Regular/Contract /Daily wage	Nature of Duties	Reason for leaving
			From (MM/YYYY)	To (MM/YYYY)			

Note: (Please also mail the experience details to thdc:co.in in Excel /Word Format)

- 1. Please mention details of all position you have held in an organization separately
- 2. Please indicate period of training/apprenticeship etc separately
- 3. Please attach additional sheets, if required

Н.	Post Qualification Experience: Years	Months	
[.	Please write about the nature of your present ass	signment/role and you	r responsibilities
	Significant achievement(s) in your current assi	gnment	

Present position & Pay Particulars

Present Pay Scale	
Basic + DA	
Perquisites and Allowances	
Present designation held	
Date of entry in the present pay scale	

Nature of Du		uties	Reportin	g Officer in the hierarchy
	gnation			
	bility of reduction in n			
	soon can you join if of		ТНОСП	
•	plinary Proceedings _I			
	you ever been convictor any disciplinary pro			Yes/No
	or any penalty has been			1 05/110
	details	- 4'4' / 4	41 0.10	V /NI -
	you ever faced any extra e give details	adition/deportation proc	eeeding? If yes,	Yes/No
	Languages known			,
	Read	Write		Speak
K.	Other Information	<u>n</u>		
	Whether under any	Service Bond YES	NO	
	If yes give details	_		
	Details of Outstand	ling Loan (if any) –		
	Participation in Spo	orts/Games (if any)		
	National /State/Col	lege Level -		
	Extra-curricular ac	tivities -		
	Details of Awards ((if any) –		
Dad	aration:			
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Annexure-A (List of Documents)

(Note- Candidates are advised to bring self-attested documents as per following sequence from top to bottom)

- 1. Bio-Data Form
- 2. Proof of Date of Birth
- 3. Class Xth Marksheet
- 4. Class Xth Pass Certificate
- 5. Class XIIth Marksheet
- 6. Class XIIth Pass Certificate
- 7. Professional Qualification/ Certification (Marksheet & Certificate)
- 8. Certificate of Registration in Dental Council of India.
- 9. Conversion Certificate of Grade/CGPA/OGPA to Percentage of Marks
- 10. Work Experience Certificate along with details of Pay & Allowances.
- 11. Category/ Caste Certificate, if applicable (Kindly present latest OBC (Non-Creamy Layer) and EWS Category, in prescribed format of Government of India.
- 12. Extra-Curricular Activities certificate, if any
- 13. Valid Photo ID (Aadhar Card, Voter ID)