

**GOVERNMENT OF ANDHRA PRADESH**  
**GOVERNMENT DENTAL COLLEGE AND HOSPITAL : VIJAYAWADA-520 004**  
**NOTIFICATION FOR THE POST OF SENIOR RESIDENTS -2023**

**NOTIFICATION NO.301/Sr.Residents/2023,dated 15.05.2024**

Ref:-1)G.O.Rt.No.852 HM & FW(A1) Department dated 10-11-2022.  
2)Rc.No.2162658/ME/SR/2023-24 dated 30-10-2023 of the  
Director of Medical Education, A.P., Vijayawada  
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Applications are invited from the eligible candidates for the posts of Senior Residents in Andhra Pradesh Medical Education Services through Walk in Interview in the following specialties to work in Government Dental College and Hospital, Vijayawada under the Director of Medical Education, Andhra Pradesh.

Sl.No.	Speciality	Total
1.	Pedodontics	1

**ELIGIBILITY:-** Education Qualification - Post Graduate Degree MDS

**REMUNERATION / HONORARIUM :-** Rs.65000/- Per month (Vide G.O.Ms.No.58 HM & FW (C1) Dept., dated 8-6-2021)

**AGE:-** The Candidate must be below 44 years of age at the time of initial appointment.

**TENURE**

1. The post of Senior Residents are tenured positions for 01 year only.
2. Selected candidates have to compulsorily complete one year period.

**ELIGIBILITY TO APPLY:-**

1. Candidate who have a Post Graduate Dental Degree (MDS) from Dental College/Institution recognized by Dental Council of India and having A.P.State Dental Council Registration.
2. Non-Local candidates with A.P. Dental Council Registration are eligible for Senior Residency if local candidates are not available.

**NOTE:** Local Candidate :- A Candidate studied at least 4 years from 4<sup>th</sup> to 10<sup>th</sup> in A.P. In case of study of 4<sup>th</sup> to 10<sup>th</sup> in Telangana and migrated to Andhra Pradesh after bifurcation, then certificate from the revenue authorities to that effect as per G.O.Ms.No.132 and 133 GA (SPF & MC) Dept., dated 13-06-2016 (Proof of local candidate)

3. The selected candidates have to submit all original study certificates to this office and also submit undertaking letter in the prescribed proforma.

4. Applicants those who are applying for Senior Residents posts are here by informed to submit Demand draft Rs.1,000/- ( Rupees one thousand only) in favour of College Development Society ( CDS) of Principal, Government Dental College and Hospital, Vijayawada failing which application will not be considered application.

**APPLICATION PROFEEDURE:-**

1.	Secondary School Certificate (Proof of Date of Birth)
2.	Registration of P.G.Degree with A.P. Dental Council.
3.	Mark Lists of Post-graduation(MDS). Applications without mark list will not be considered.
4.	Copy of Degree/Provisional Degree Certificate of 1. B.D.S. 2. Post-graduation MDS
5.	Social Status Certificate (SC/ST/BC-A/BC-B/BC-C/BC-D/BC-E/EWS)
6.	Aadhar Card
7.	Study Certificate from 4 <sup>th</sup> to 10 <sup>th</sup> Class. In case of study of 4 <sup>th</sup> to 10 <sup>th</sup> in Telangana and migrated to Andhra Pradesh after bifurcation, then certificate from the Revenue Authorities to that effect as per G.O.Ms.No.132 and 133 GA (SPF & MC) Dept., dated 13-06-2016 (Proof of local candidate)

**DATE OF WALK-IN-INTERVIEW:- 28.05.2024, 10:00 A.M- 04:00 P.M**

**VENUE : GOVERNMENT DENTAL COLLEGE AND HOSPITAL, VIJAYAWADA**

**SELECTION PROFESS:**

1. The Merit scored in Post-Graduate Exam (including Theory & Practical) will be the criteria for preparing Merit List and further giving postings as Senior Resident.
2. In case of more than one candidate is having same Mark, Date of Birth will be taken into consideration and elder person will be given first preference.
3. The Selection Committee also reserves its rights to alter or modify regarding conditions laid down in the notification for final selection and also posts notified.

<b>Government of Andhra Pradesh</b> <b>Government Dental College and Hospital : Vijayawada-520 004</b> <b>Application for Senior Resident Programme 20____</b> <b>(Please download and submit three copies at the counseling centre)</b>		<b>Affix latest  passport size  photo</b>																
<b>1.</b>	<b>NAME OF THE CANDIDATE (FULL NAME IN BLOCK LETTERS INCLUDING SURNAME)</b>																	
<b>2.</b>	<b>DATE OF BIRTH</b> <table border="1"> <tr> <td><b>D</b></td> <td><b>D</b></td> <td><b>M</b></td> <td><b>M</b></td> <td><b>Y</b></td> <td><b>E</b></td> <td><b>A</b></td> <td><b>R</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>E</b>	<b>A</b>	<b>R</b>									
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>E</b>	<b>A</b>	<b>R</b>											
<b>3.</b>	<b>Specialty applied for :</b>																	
<b>4.</b>	<b>Name of P.G. Degree Completed</b>																	
<b>5.</b>	<b>Reg. No. (Dr. YSR UHS)/ other State</b>																	
<b>6.</b>	<b>Year of passing</b>																	
<b>7.</b>	<b>Name of the College studied and place</b>																	
<b>8.</b>	<b>Area of Study AU/SVU/OU/Other State</b>																	
<b>9.</b>	<b>Local/Non-Local</b>																	
<b>10.</b>	<b>Email-Id</b>																	
<b>11.</b>	<b>Candidate's Phone/Mobile No.</b>																	
<b>12.</b>	<b>Social Status</b>																	
<b>13.</b>	<b>Address for Communication</b>																	
<b>14.</b>	<b>Marks obtained in the Post-graduate Examination</b>																	
<b>15.</b>	<b>Details of Bank</b> <table border="1"> <tr> <td><b>A</b></td> <td><b>Name of the Bank</b></td> </tr> <tr> <td><b>B</b></td> <td><b>Branch</b></td> </tr> <tr> <td><b>C</b></td> <td><b>Account Number</b></td> </tr> <tr> <td><b>D</b></td> <td><b>IFSC Code</b></td> </tr> </table>	<b>A</b>	<b>Name of the Bank</b>	<b>B</b>	<b>Branch</b>	<b>C</b>	<b>Account Number</b>	<b>D</b>	<b>IFSC Code</b>									
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<b>16.</b>	<b>PAN No.</b>																	
<b>17.</b>	<b>AADHAR No.</b>																	
<b>Signature of the Candidate</b>																		
<b>(For Office use only)</b>																		
<b>Allotted for posting From _____ to _____ in Government Dental  College and Hospital, Vijayawada</b>																		

**UNDERTAKING LETTER**

1. I here by authorize to refund the Remuneration / Honorarium which was drawn ad paid to me if I discontinued the course.
2. I shall obey the Rules and Regulations. If any deviation to take any disciplinary action against me.

**Place:**

**Signature of the candidate.**

**Date:**