

**GOVERNMENT OF ANDHRA PRADESH  
GOVERNMENT DENTAL COLLEGE & HOSPITAL  
VIJAYAWADA – 520 004  
NOTIFICATION FOR THE POST OF SENIOR RESIDENTS (2025–26)**

**Notification No.278A/Sr. Residents/2026  
Dated: 19-01-2026**

**SUB:-**Notification for Recruitment of Senior Residents (Dental) for the Academic Year 2025–26 – Walk-in Interview –Government Dental College & Hospital, Vijayawada.

**Ref: -** 1.G.O.Rt.No.852, HM & FW (A1) Department, dated 10-11-2022.  
2.Rc.No.2676030/ME/SR/2025, dated 08-01-2025 of the D.M.E., A.P., Vja.  
3.This Office Lr.Rc.No.278A/GDCH/VJA/E1-A/2023, dated 18-11-2025.  
4.Rc.No.2676030/ME/SR/2025, dated 03-01-2026 of the D.M.E., A.P., Vja.

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Applications are invited from **eligible candidates** for engagement as **Senior Residents** in Andhra Pradesh Medical Education, AP Services through **Walk-in Interview** for a **tenure of one year** at **Government Dental College and Hospital, Vijayawada**, under the administrative control of the **Director of Medical Education, Andhra Pradesh**, in the following specialties:

Sl. No.	Specialty	No. of Posts	Roster Point
1	Conservative Dentistry & Endodontics	1	OC (G)
2	Oral & Maxillofacial Surgery	1	OC (G)
3	Oral Medicine & Radiology	1	OC (G)
4	Oral Pathology	1	OC (G)
5	Orthodontics	1	OC (G)
6	Pedodontics	1	OC (G)
7	Periodontics	1	OC (G)
8	Prosthodontics	1	OC (G)
9	Public Health Dentistry	1	OC (G)

**Eligibility Educational Qualification:**

Post Graduate Degree (MDS) in the concerned specialty from a Dental College/Institution recognized by the **Dental Council of India**.

**Age Limit**

The candidate **must be below 44 years of age** at the time of initial appointment.

**REMUNERATION / HONORARIUM**

**RS 74,750/- per month** (As per G.O.Ms.No.723, HM & FW (C1) Department, dated 04-12-2024).

## TENURE

1. The post of Senior Resident is a **tenure post for a period of one (01) year only**.
2. Selected candidates must **compulsorily complete the full tenure of one year**.
3. The date on which the selected candidate is required to join duties as Senior Resident will be communicated by this office through email and telephone.

## ELIGIBILITY TO APPLY

1. Candidates possessing an **MDS Degree with registration in Andhra Pradesh State Dental Council** are eligible.
2. **Non-local candidates** with A.P. State Dental Council Registration may be considered **only if suitable local candidates are not available**.

### Note :- Local Candidate:

A candidate who has studied **at least four (4) years from 4th to 10th class in Andhra Pradesh**. Candidates who studied from 4th to 10th class in **Telangana** and migrated to Andhra Pradesh after bifurcation must produce a certificate from the **Revenue Authorities** as per **G.O.Ms.No.132 & 133, GA (SPF & MC) Department, dated 13-06-2016**.

3. Candidates who have **already completed one year of Senior Residency in Government or Private Medical/Dental Colleges** are **not eligible**.
4. Selected candidates must submit an **affidavit** stating that they have **not previously worked as Senior Resident** in any Government or Private Medical/Dental College.

## DOCUMENTS TO BE SUBMITTED (IN ORIGINAL & ONE SET OF SELF-ATTESTED COPIES)

1. Secondary School Certificate (Proof of Date of Birth)
2. A.P. State Dental Council Registration Certificate (PG Degree)
3. Post Graduate (MDS) Mark Lists (Theory & Practical)

**Note :- Candidates must attend with all relevant original certificates for the walk-in-Interview.**

4. Degree / Provisional Degree Certificates of:  
BDS, &MDS
5. Social Status Certificate (SC / ST / BC-A / BC-B / BC-C / BC-D / BC-E / EWS)
6. Aadhaar Card
7. Study Certificates from 4th to 10th Class / Local Status Certificate as applicable
8. **Application Fee (Demand Draft only):**

RS 2,000/- for OC candidates

Rs 1,000/- for BC / SC / ST candidates

DD should be drawn in favor of **Director of Medical Education, A.P., Vijayawada**, payable at Vijayawada.

## DATE & VENUE OF WALK-IN INTERVIEW

**Date: - 29-01-2026 at 10:00am to 04:00pm.**

**Venue:** Government Dental College and Hospital, Vijayawada.

## SELECTION PROCESS

1. Selection shall be based on **merit obtained in the Post Graduate (MDS) examination**, including Theory and Practical marks.
2. In case of a tie in marks, the **elder candidate (by Date of Birth)** shall be given preference.
3. The **Selection Committee reserves the right** to modify, amend, or cancel any conditions or number of posts notified, without assigning any reason.

<b>Government of Andhra Pradesh</b> <b>Government Dental College and Hospital : Vijayawada-520 004</b> <b>Application for Senior Resident Programme 2025-26</b> <b>(Please download and submit three copies at the counseling centre)</b>		<b>Affix latest passport size photo</b>																
1.	<b>NAME OF THE CANDIDATE (FULL NAME IN BLOCK LETTERS INCLUDING SURNAME)</b>																	
2.	<b>DATE OF BIRTH</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>E</td><td>A</td><td>R</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	D	D	M	M	Y	E	A	R									
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3.	<b>Specialty applied for :</b>																	
4.	<b>Name of P.G. Degree Completed</b>																	
5.	<b>Reg. No. (Dr. N.T.R. UHS)/ other State</b>																	
6.	<b>Year of passing</b>																	
7.	<b>Name of the College studied and place</b>																	
8.	<b>Area of Study AU/SVU/ Other State</b>																	
9.	<b>Local/Non-Local</b>																	
10.	<b>Email-Id</b>																	
11.	<b>Candidate's Phone/Mobile No.</b>																	
12.	<b>Social Status</b>																	
13.	<b>Address for Communication</b>																	
14.	<b>Marks obtained in the Post-graduate Examination</b>																	
15.	<b>Application Fee of Rs.2000/- for OCs and Rs.1000/- for BC, SC and ST by way of D.D. in any one of Nationalized Bank in favor of the Director of Medical Education, AP, Vijayawada payable at Vijayawada.</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">A</td> <td><b>Name of the Bank</b></td> </tr> <tr> <td>B</td> <td><b>Branch</b></td> </tr> <tr> <td>C</td> <td><b>Account Number</b></td> </tr> <tr> <td>D</td> <td><b>IFSC Code</b></td> </tr> </table>	A	<b>Name of the Bank</b>	B	<b>Branch</b>	C	<b>Account Number</b>	D	<b>IFSC Code</b>									
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16.	<b>PAN No.</b>																	
17.	<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>																		
<b>Signature of the Counseling Authority</b> <b>Signature of the Principal</b>																		

**UNDERTAKING LETTER**

1. I hereby authorize to refund the Remuneration/Honorarium which was drawn and paid to me if I discontinued the Senior Resident ship.
2. I shall obey the Rules and Regulations. In case of any deviation disciplinary action can be taken against me.

**SIGNATURE OF THE CANDIDATE**