POST GRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES,
ROHTAK – HARYANA, INDIA
01262-283876
E-mail: principal.pgids@uhsr.ac.in, principalpgids@yahoo.in

Ref. No. PGIDS/A-I/26/

Dated:

From 15.12.2026 to 14.06.2027

Name of the program	:	Short Term Clinical Assistantship for BDS Graduates
No. of Seats	:	20
Period of Program	:	06 months
Eligiblity	:	Must have passed BDS from Dental Institute recognized by DCI. Having completed one year compulsory Rotating Internship from the date of advertisement. Registered with State Dental Council.
Fee for Assistantship	:	Rs. 50000/- for 6 months Assistantship. Fee is not refundable.
Selection criteria	:	80% weightage be given to marks obtained in BDS & 20% for interview marks.
Guidelines	:	Selection would be strictly on the basis of percentage of total marks obtained in BDS examinations (all 4 years) and performance during interview. Maximum period of assistantship shall be 6 months only and will not be extended. Candidate can choose maximum 02 specialities/subjects during the Assistantship. Preference would be given to wards of residents of Haryana Candidate under any Govt. or Private Job will be not entertained.
Terms & Conditions for a candidate after selection for program	:	No remuneration will be claimed from the college during STCA and this STCA is purely honorary. That candidate will abide by all rules and regulations of STCA being followed at this college, otherwise Assistantship can be cancelled at any time. The admission is purely provisional and for six months from the date of joining. The STCA can be withdrawn at any stage without assigning any reason. That the certificate for this course will be issued for dates and period spent in each subject/department. If during the period of STCA, candidate performance/conduct found unsatisfactory, his/her Assistantship can be cancelled at any moment. Candidate will deposit Rs. 50000/- in single payment (non refundable) before joining, with the fee Assistant of the Institute upto last date of fee submission (as specified by the Institution) Candidate is not in the service under any Govt./Semi-Govt/Center Govt./Pvt. Sector. Candidate will not claim any hostel accommodation.

Interested candidates may apply on prescribed format with following documents:-

- Copies of mark sheets of 1st, 2nd, 3rd & Final BDS
- Certificate regarding completion of Internship
- Proof of resident of Haryana (Ration Card/ Passport/ Voter I-Card)
- Any other relevant testimonial/ document including merit certificates/ medals.

The last date for submission of complete application in the office of Principal, PGIDS Rohtak is **25th Nov, 2025**. Interview of short listed candidate will be held on **03.12.2026** at 11:00 AM in the office of Principal PGIDS Rohtak. Interested candidates are directed to report at 09:00 a.m. sharp at the venue, thereafter, the late comers will not be entertained. The list of selected candidates will be displayed on the Institute/ University's website (www.uhsr.ac.in) &/or notice board. No separate interview letter will be sent.

(Submission of incomplete application and received after the closing date will not be entertained and its office will not be held responsible for any postal delay)

14.11.26

PRINCIPAL
Principal
PGIDS Rohtak

POST GRADUATE INSTITUTE OF DENTAL SCIENCES, ROHTAK.

(Pt. B.D.Sharma Universityof Health Sciences, Rohtak)

Application Form for Short Term Clinical Assistantship for BDS Graduates

Affix your recent passport size photograph here duly attested

1. List of Documentts Attached with Application Form:

1) ..... 4).....

2) ..... 5).....

3) ..... 6).....

2. Full Name (in block letters):

3. Sex: Male/Female

4. Father's Name (in block letters):

5. Date of Birth: Date Month Year

6. A) Resident of Haryana: Yes / No b)Nationality.....

7. Full Postal Address (in block letters)

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Pine Code.....Telephone/Mobile No.....

8. Registered with State Dental Council: Yes / No Registration No.....

9. Details of Studies of 10th, 10+2 Classes:

Name of Class	Name of College where studied	Roll No.	Month & year of passing the exam	Name of University/Board	Result/Marks obtained	Max. marks	%age	Attempt

10. Details of Studies of BDS Course:-

Name of Class	Name of College where studied	Roll No.	Month & year of passing the exam	Name of University	Result/Marks obtained	Max. marks	%age	Attempt
BDS 1st year								
BDS 2nd year								
BDS 3rd year								
BDS Final Year								
Internship Completion Certificate								

11. Any other relevant testimonial/document including merit certificate/medals, etc.....

Date:

Place:

Signature of Candidate

DECLARATION

Certified that the particulars mentioned above are true to the beast of my knowledge/belief.

Signature of Candidate