Advt. No.001/SDC/Gen/2023-24/101 Date : 08-09-2023

STATE DENTAL COUNCIL, PUDUCHERRY
RECRUITMENT ON CONTRACT BASIS

EMPLOYMENT NOTIFICATION

Applications in the prescribed proforma are invited from the eligible candidates, who are residents of Union Territory of Puducherry for engagement as Office Assistant on contract basis in State Dental Council, Puducherry.

Designation	Qualification	Age	Salary / Month	Tenure
OFFICE ASSISTANT (Full time on contract basis)	➢ H.Sc. Passed ➢ Typewriting (Junior Grade) and Computer knowledge (Proficiency in M.S. Office and Data Entry)	18 to 32 Years	Rs.15,000/-	One year
METHOD OF SELECTION	**Certificate Verification:** The selected candidates according to their application will be called for certificate verification. During that time, they will have to produce all the original educational certificates, failing which their selection will be liable for cancellation. **Interview :** Shortlisted candidates will be called for Interview on specified date. Selection to the post will be based on the performance of the candidate in the interview.			

Note :

1. The period of contract of employment is one year, may be extended based on the performance.

2. Age and Experience will be reckoned as on the last date of the receipt of the applications.

3. Selected candidates shall report for duty immediately. Extension of joining time strictly not permitted.

4. The candidate must ensure before applying that they fulfil the essential qualifications and requirements.

5. Qualification, Experience, age and other requirements must be invariably supported by relevant documents.

6. Completed applications in all respects with photograph, self-attested copies of certificates, mark lists, number of attempts in which the candidates passed the qualifying examination and other testimonials should reach the **"REGISTRAR, STATE DENTAL COUNCIL, MGPGIDS CAMPUS, GORIMEDU, PUDUCHERRY – 605 006"** on or before **19.09.2023 at 5.00 P.M.**. The application should be sent in an envelope superscribed as **"APPLICATION FOR THE POST OF OFFICE ASSISTANT".** The State Dental Council, Puducherry shall not be responsible for any postal delay.

7. The short-listed candidates would only be called for certificates verification.

8. Canvassing in any form by or on behalf of the candidates will disqualify his / her candidature.

08.09.2023

(DR. V. ARUN PRASAD RAO)
REGISTRAR

APPLICATION FORM FOR CONTRACTUAL APPOINTMENT FOR "OFFICE ASSISTANT" IN STATE DENTAL COUNCIL, MGPGIDS CAMPUS, PUDUCHERRY

1. (a) Name (in Block letters) : _____

   (b) Father's / Husband's Name : _____

   (c) Permanent address : _____

   _____

   _____

Affix a recent passport size photograph duly signed by the candidate

(d) Address for correspondence : Mobile No.: _____

_____ Tel. No. : _____

_____ E-mail : _____

PIN _____

2. Date of Birth :_____ 3. Sex _____

4. Marital Status :_____

5. Nationality : _____

6. Whether Native/Resident of Puducherry : (Proof should be enclosed)

7. Religion :

8. Community :

9. Educational Qualifications :

Sl. No.	Qualification	Name of the Board/University/Institution	Max. Marks	Marks Obtained	No. of Attempts	Month &Year of Passing
1	2	3	4	5	6	7

....2/-

10. Details of Typewriting knowledge (attach proof) :

Grade	Awarding Govt. / Board	Grade	Year of Passing

11. Details of Computer knowledge (attach proof) :

(Proficiency in M.S. Office & Data entry)

12. a) Working Experience :

b) Emoluments in the present position:

13. Any other information :

DECLARATION

I_____son / daughter / wife of _____ hereby solemnly declare that the information made in this application as above are correct and complete to the best of my knowledge and belief and that no material information has been concealed or suppressed and if there has been suppression of any factual information, my service can be terminated, if selected.

Place :

Date :

Signature of the Applicant