

**SUMANDEEP VIDYAPEETH**

Piparia, Ta: Waghodia Dist: Vadodara

Ref No: SV/EXAM/D/7672/08/2019

Date: \_\_\_\_\_

**FORMAT FOR FURNISHING DETAILS OF TEACHERS FOR EMPANELING AS EXAMINERS IN DENTAL FACULTY**

Name of the Examiner : \_\_\_\_\_

Name of the College: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Subject in which Examiner ship is Applied \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as on 20.01.18 \_\_\_\_\_

Application for Examiner ship in BDS  MDS 

| Name & Designation | Date of Birth & Age | Res. Add. & Telephone No. with code & Mobile No. E-mail and Fax No | Month & Year of Passing BDS/MDS |     | Teaching Experience |           |       | PG Guide Yes or No ? If yes since how long | No of Years of PG Teacher/ Guide Exp. | Signature of the Teacher |
|--------------------|---------------------|--|---------------------------------|-----|---------------------|-----------|-------|--|---------------------------------------|--------------------------|
|                    |                     |  | BDS                             | MDS | Before MDS          | After MDS | Total |  |                                       |                          |
|                    |                     |  |                                 |     |                     |           |       |  |                                       |                          |

Does your college runs PG Courses Yes  No  If yes since how long \_\_\_\_\_

The information furnished above is true and as per the Statutory norms \_\_\_\_\_ faculty is eligible for examiner ship in UG/PG of Dental faculty

Signature of the applicant &amp; Date

Signature of the Head of the Department with Seal

Signature of the Head of the Institution with seal