

Application for Post-Intern Appointments of Grade Dental Surgeons - 2020

1. Last name :
2. Initials :
3. Date of Birth : Gender : Male Female
4. Postal Address :
5. NIC No. :
6. Contact No. : 1) _____ 2) _____
7. Email :
8. Nationality :
9. Marital status :
10. Date of graduation :
11. University of graduation :
12. List of stations/posts according to your preference order:

Note : Each applicant **must fill all the stations/posts** according to the preference. Copy from the vacancy list published in the web and paste in to this document is preferred.

<i>Preference order</i>	<i>Station/Post</i>
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<i>Preference order</i>	<i>Station/Post</i>
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<i>Preference order</i>	<i>Station/Post</i>
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Signature of the applicant.

Date :