



**VINAYAKA MISSION'S
RESEARCH FOUNDATION**
(Deemed to be University under section 3 of the UGC Act 1956)



**VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE**

PLACEMENT CELL	
NAME	
YEAR OF ADMISSION & Reg. NO	
YEAR OF COMPLETION	
MOBILE NO	
EMAIL ID	
ADDRESS FOR COMMUNICATION	
PRESENT STATUS	
OWN CLINIC	
CLINIC ADDRESS	
MOBILE NO	
EMAIL ID	
POST GRADUATION	
YEAR OF ADMISSION	
PG NEET ROLL NO	
PG NEET RANK	
PG NEET MARK	
PG DEPARTMENT	
COLLEGE NAME	



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**VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE**

WORKING IN CLINIC	
NAME OF THE CLINIC	
OWNER OF THE CLINIC	
MONTHLY SALARY	
ADDRESS OF THE CLINIC	
MOBILE NO	
EMAIL ID	
SENIOR INTERNSHIP	
SPECIALITY	
PLACE	
OTHER JOBS	
JOB DESCRIPTION	
OTHERS	
PREPARING FOR PG	
HOME MAKER	

Note: You are requested to attach a proof (Copy of letter head or attested letter) for your present position.