

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institute under Govt. of NCT of Delhi)
MAMC COMPLEX, B.S. ZAFAR MARG, NEW DELHI-110002
(TEL No.: 011-23233883, Fax. 011-23217081, Email- registrarmaids@yahoo.com)

RECRUITMENT OF JUNIOR RESIDENT (DENTAL)

Applications in the prescribed form are invited to prepare the panel of candidates for the post of Non P.G Junior Residents (Dental) for fixed tenure of **one year** only, in the **pay level-10 (Rs. 56,600 – 1,77,500) + NPA and other allowances as admissible (revised)**. There are total 10 posts of Junior Residents (Dental) in MAIDS (**UR-5, OBC-2, SC-2, ST-1**). The Candidates from this panel may also be offered JR ship in other Delhi Govt. Hospitals, if so required. The candidates kept on panel belonging to all categories will be offered appointment against the vacant posts as & when the post of a particular category falls vacant. The Panel shall be valid for a period of 12 months from the date, it is published, or when the next recruitment is carried out, whichever is earlier.

AGE LIMIT

Below 40 years as on last date of submission of application. Relaxation to SC/ST/OBC will be allowed as per rules.

ELIGIBILITY

- Passed BDS from a recognized University including **internship not before 31.05.2015** (subject to submission of Internship completion certificate before screening test i.e. 17.06.2017).
- Applicants **under UR (unreserved) category** having an aggregate of 55% and above in BDS course are eligible to apply.
- Applicants having post graduate qualification **are not eligible**.
- Those who have done junior residency earlier in any hospital/institute **are not eligible**.
- The **OBC candidates must submit the certificate issued from GNCT of Delhi only**. Candidates having OBC certificate issued from other than Delhi will be considered under General Category.

FEE PAYABLE

Rs. 1000/- for General/OBC candidates, and Rs. 500/- for SC/ST candidates. The fee should be paid in the form of Demand Draft in favour of **Director-Principal, Maulana Azad Institute of Dental Sciences, Payable at New Delhi**.

MODE OF SELECTION

The selection will be made through screening test followed by interview of shortlisted candidates. Candidates, three times the number of vacancies in each category will be called for interview, provided they qualify the screening test with a minimum of 50% marks for General Category, 45% marks for OBC category and 40% marks for SC/ST category. Qualifying written test does not mean selection. Candidates will be selected on the basis of their performance in written test and interview both.

HOW TO APPLY

Complete application in the prescribed format alongwith the documents and fee must reach on or before **09.06.2017 upto 12:00 noon** directly or by post, addressed to "**The Director-Principal, Maulana Azad Institute of Dental Sciences, Bahadur Shah Zafar Marg, New Delhi-110002**". The application form is available on the website www.maids.ac.in. The applicants must fill in the prescribed form only available on the website. **The Institute is not responsible for any postal delay or delay on the part of any delivery agency.**

DOCUMENTS TO BE ATTACHED

Self attested copies of certificate in support of age, caste, experience, Valid Registration with State Dental Council, Internship completion certificate. Attempt certificate, Marks statements of BDS passed, BDS Degree, Two passport size photographs, Demand Draft, undertaking in the prescribed format mentioned below.

Note: Certificates for awards, medals, certificates of honours in original & copies of publications, if any be brought by the candidates at the time of interview. NOTE: No TA/DA will be paid for written test and interview.

UNDERTAKING IN THE FOLLOWING FORMAT

I _____ S/D/W/o _____ hereby declare that I have not/have served for _____ years _____ months as Junior Residence on ad-hoc/regular basis in any Hospital/Institute. I have passed BDS from a Dental Institution which is recognized by the Dental Council of India.

Signature of Candidate

Opening date : 26.05.2017

Last date of receipt of application: 09.06.2017.

–Sd–

Director- Principal

* **POSTAL DELAY OR DELAY FOR DELIVERY THROUGH OTHER AGENCY NOT BE ACCEPTABLE**

IMPORTANT DATES

Opening date

26.05.2017(Monday)

***Last date of submission of application**

09.06.2017 (Friday)

***Collection of admit card**

15.06.2017 (Thursday)

***Date of screening/ written test**

17.06.2017 (Saturday)
at 11:00a.m.

***Declaration of eligible candidates for interview based on screening/written examination**

17.06.2017 (Saturday)
(on MAIDS's website i.e. www.maids.ac.in) and on Notice Board of MAIDS at First Floor of MAIDS

***Date of Interview**

Shall be displayed on website on 17.06.2017 (evening)

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APPLICATION FOR THE POST OF JUNIOR RESIDENT(DENTAL)

(Forms to be filled in by candidate in his/ her own hand writing in Block Letters)

1. Name of the Applicant:
(IN BLOCK LETTERS)
2. Father's / Husband's Name:
3. Address for correspondence:
4. Email ID :
5. Phone No. : Residence..... Mobile.....
6. Nationality :
7. Date of Birth : Date..... Month..... Year.....
8. Age on publication of Notice :
9. Whether SC/ST/OBC /PH (only orthopedically) :
10. Marital Status :

11. Academic/Technical Qualification (BDS):

BDS EXAMINATION PASSED	NAME OF INSTITUTE	BOARD/ UNIVERSITY	YEAR OF PASSING	% OF MARKS	NO. OF ATTEMPTS IN PASSING BDS
I BDS					
II BDS					
III BDS					
IV BDS					
			TOTAL		

12. Date of completion of internship :

13. State Dental Council Reg. No. &
State where registered :

14. Work experience after BDS

NAME OF EMPLOYER (Hospital/Institute)	DESIGNATION OF POST HELD	PAY SCALE	PERIOD OF EMPLOYMENT	LAST PAY DRAWN

15. DEMAND DRAFT DETAILS

DEMAND DRAFT NUMBER	AMOUNT	DATE	NAME OF ISSUING BANK AND BRANCH ADDRESS

Documents attached

- | | |
|--|--------|
| 1. All marks statement of BDS. | Yes/No |
| 2. Internship completion certificates | Yes/No |
| 3. Degree of BDS | Yes/No |
| 4. BDS Registration Certificate | Yes/No |
| 5. Certificate in support of age | Yes/No |
| 6. Attempt certificate | Yes/No |
| 7. Demand Draft | Yes/No |
| 8. Undertaking | Yes/No |
| 9. Self attested copy of Caste Certificate (SC/ST/OBC) | Yes/No |

**All documents should be self attested by applicant.*

Declaration

I, solemnly declare that the statements made by me in this form are true and correct to the best of my knowledge and belief. If at any stage, it is found that facts have been concealed or misrepresented by me, my candidature for the post may be treated as cancelled/ withdrawn therewith.

SIGNATURE OF THE CANDIDATE:

NAME IN BLOCK LETTERS :