

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)

VACANCY NOTICE

Date: 9th Oct 2019

Applications are invited for the post of Scientist B (Medical) under ICMR extramural Adhoc project titled “**Assessment of salivary Insulin like growth factor-1 and Bone Alkaline Phosphatase levels with twin block therapy: an observational study**” in the Department of Orthodontics and Dentofacial Orthopedics, Maulana Azad Institute of Dental Sciences, New Delhi. This post is purely temporary and is to be filled initially for a period of one year subject to extension up to total duration of 3 years.

Name of the Post	Scientist B (Medical)
No. of post	01
Essential Qualification	BDS with one year Research/Teaching experience or MDS in Orthodontics from a recognized University.
Age Limit	Not exceeding 35 years
Emoluments	Consolidated salary Rs 68875/-
Duration	Initially for a period of one year

Instructions to the candidates

1. Interested candidates should submit their duly filled application in the prescribed format along with supporting document at Room No.412, 4th floor, Department of Orthodontics and Dentofacial Orthopedics, Maulana Azad Institute of Dental Sciences, B.S.Zafar Marg, New Delhi-110002, on or before 31st October 2019 by 2pm.
2. The shortlisted candidates will be intimated by email/post and they should be prepared for written examination and or personal interview.
3. The date of interview shall be intimated subsequently.
4. Age relaxation is admissible in respect of SC/ST/ OBC candidates, Retrenched Government Employee, Departmental candidates (including projects) and ex-servicemen in accordance with instruction issued by central Government from time to time. Age concession to the extent of service rendered in other research projects will also be admissible for experiences and skilled person.
5. Experience certificate should clearly state the nature of work during the period of employment.
6. No Objection Certificate from current employer.
7. The incumbents selected will have no claim for regular appointments under MAIDS/ICMR or continuation of his/her services in any other project.
8. TA/DA will not be paid for attending written examination and or interview.

(Dr Tulika Tripathi)

Principal Investigator

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES
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Bahadur Shah Zafar Marg: New Delhi-110002

Affix Recent Passport Size Photograph

APPLICATION FORM FOR Scientist B (Medical)

1.	Name	
		Male: Female:
2.	Father's Name	
3.	Permanent Address	
	Postal Address	
4.	Contact Number Mobile	
5.	Email ID	
6.	Date of Birth	
7.	Category- Gen/SC/ST/OBC	
8.	Marital Status	

9. Examination Passed

(a) BDS

Name of the Institute & University	Year of Passing Examination	Total Max Marks (I to Final Year)	Total Marks Obtained (I to Final year)	Marks obtained in percentage %	No. of Attempts

(b) MDS

Name of the Institute & University	Year of Passing Examination	Total Max Marks (I to Final Year)	Total Marks Obtained (I to Final year)	Marks obtained in percentage %	No. of Attempts

9. Details of Research/ Teaching experience

Place of work- Name of Hospital/Institute with address	Designation	Pay Scale or Gross Salary	Period of employment		Nature of work
			From	To	

10. Academic Awards:

11. Publications:

SNo.	Title	Authors	Name of Journal	Pubmed Indexed or Non Indexed

12.	Documents	<ul style="list-style-type: none"> i) Age Proof ii) Caste Certificate (SC/ST/OBC), If applicable iii) BDS Degree with all mark sheets iv) Internship completion Certificate v) Attempt certificate vi) MDS Degree vii) State Dental Council Registration viii) Experience Certificate stating nature of work.
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11. State Dental Council Registration No. & Date with BDS/MDS Degree:

UNDERTAKING

I _____ hereby declare that above-mentioned particulars are true to the best of my knowledge and belief. Should at any point of time the information furnished is/are found incorrect then my candidature is liable to be cancelled even after the selection.

Date: _____

Signature _____

Name : _____

No relevant column of the application form should be left blank, otherwise the application form will be liable for rejection