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# भारतीय आयुर्विज्ञान अनुसंधान परिषद INDIAN COUNCIL OF MEDICAL RESEARCH

रवारध्य अनुसंधान विभाग (स्वारध्य एवं परिवार कल्याण मंत्रालय)

वी रामलिंगस्वामी भवन, अन्सारी नगर, नई दिल्ली - 110029 DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE) V. RAMALINGASWAMI BILAWAN, ANSARI NAGAR, NEW DELHI-110029

सं.E16/73/2022-प्रशासन.

दिनांक:12/12/2022

सेवा में.

निदेशक/प्रभारी निदेशक परिषद के सभी संस्थान/केन्द्र

विषय: - भारतीय दन्त परिषद् के कार्यालय में प्रतिनियुक्ति के आधार पर सचिव, अनुभाग अधिकारी एवं निजी सहायक के पद को भरने हेत् आवेदन आमंत्रित करने के संबंध में।

महोदय/महोदया.

अधोहस्ताक्षरी को उपर्युक्त विषय पर भारतीय दंत परिषद, ऐवान-ई-गालिब मार्ग, कोटला रोड, नई दिल्ली से प्राप्त परिपत्र सं.DCI/Admin/AE/Recruit/AoD/123/2022-23/2022/7670 दिनांक 15.11.2022 को सूचना एवं आवश्यक कार्यवाही हेतु अग्रेषित करने का निदेश हुआ है।

सहायक महानिदेशक (प्रशासन)

अनुलंग्नक:यथोक्त

प्रतिलिपि: 1. महानिदेशक/वरि.उपमहानिदेशक (प्रशा.)/वरि.वित्त सलाहकार के निजी सचिव

- 2. परिषद के सभी प्रभाग प्रमुख
- 3. उपमहानिदेशक (प्रशा.)/सहा. महानिदेशक (प्रशा.)/सहा. महानिदेशक (वित्त.)
- 4. डॉ.एल.के शर्मा, वैज्ञानिक ई: वैबसाइट पर अपलोड करने के लिए ईमेल आईडी sharma.Ik@icmr.gov.in) पर मेल कर दिया गया है।

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## भारतीय आयुर्विज्ञान अनुसंधान परिषद

#### INDIAN COUNCIL OF MEDICAL RESEARCH

स्वारध्य अनुसंघान विभाग (स्वारध्य एवं परिवार कल्याण मंत्रालय) वी रामलिंगस्वामी भवन, अन्सारी नगर, नई दिल्ली - 110029 DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)
V. RAMALINGASWAMI BHAWAN, ANSARI NAGAR, NEW DELHI-110029

No.E16/73/2022-Admn.

Dated:12/12/2022

To

The Directors/Directors-in-charge of All Institutes/Centers of ICMR

Subject: - Application invited for filling up the post of Secretary, Section Officers and Personal Assistant in the office of Dental Council of India on deputation basis-Regarding

Sir/Madam,

I am directed to refer a copy of Vacancy Circular No.DCI/Admin/AE/Recruit/AoD/ 123/2022-23/2022/7670 dated 15.11.2022 received from Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi, on the subject mentioned above for information and necessary action.

Yours faithfully

(Jagdish Rajesh)

Assistant Director General (Admin.)

Encl: As above Copy to:

- 1. PS to DG/Sr. DDG(A)/Sr. FA
- 2. All Divisional Heads
- 3. DDG(A)/ ADG(A)/ ADG(F)
- 4. Dr. L.K. Sharma, Scientist "E"-soft copy of the same has been mailed at your email ID (Sharma.Ik@icmr.gov.in) for website upload





# भारतीय दंत परिषद

(दंत चिकित्सक अधिनियम, 1948 के तहत स्थापित एक स्रांविधिक निकाय) स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन

# DENTAL COUNCIL OF INDIA

(A STATUTORY BODY CONSTITUTED UNDER THE DENTISTS ACT, 1948) UNDER MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA



No.DCI/Admin/AE/Recruit/AoD/123/2022-23/2022/7670

Dated: 15-11-2022

#### Public Circular

Sub: Application invited for for filling up the post of Secretary, Section Officers and Personal Assistant in the office of Dental Council of India on deputation basis –Regarding

#### Sir/Madam,

Dental Council of India is a statutory body incorporated under an Act of Parliament viz. The Dentists Act, 1948 (XVI of 1948) to regulate the Dental Education and the profession of Dentistry throughout India and the sinanced by the Government of India in the Ministry of Health & Family Welfare (Department of Health) through Grant-in-aid.

- 2. In this connection, the undersigned is directed to say that different vacant posts in Dental Council of India proposed to fill up on deputation basis. The details of the posts, qualifications and experience prescribed and other terms and conditions are as specified in the Annexure(s). The term and conditions of appointment on deputation shall be governed as per the guidelines/ orders/ instructions issued by the Department of Personal and Training, Government of India. It may please be noted that the Dental Council of India is not covered for allotment of residential accommodation from the Directorate of Estate. The Council joining on deputation will be entitled for HRA as per rules.
- 3. It is requested to give wide publicity within your department/organizations and forward the applications in the prescribed Proforma enclosed along with attested copies of ACRs/ APARs for the last five years, vigilance clearance and cadre clearance of eligible candidates (officers of the as per details given below), whose services could be placed at Dental Council of India in the event of their selection. The applications should be sent through proper channel in an envelope super-scribing the post applied for to the Secretary In-charge, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi-110002 so as to reach the Council on or website and as such the interested officers of the Central/State Government Universities/ PSUs/ Autonomous Organisations are requested to see the DCI website www.dciindia.gov.in.

1	For the post of Secretary Dental Council of India, the Officers of the Central Government Universities/ PSUs/ Autonomous Organisations and (i) holding analogous posts on regular basis or (ii) with 8 years regular service in the Level-10 of 7th CPC or with 3 years regular service in the Level-11, with MDS Degree from recognised University.
2	For the post of Section Officers, the Officers of the Central/ State Governments Universities/ PSUs/ Autonomous Organisations; (i) holding analogous posts on regular basis or (ii) with five years regular services in the Level-6 of 7 <sup>th</sup> CPC.
3	For the post of Personal Assistant, the Officers of the Central/ State Governments/ Universities/ Government Medical Colleges/ Hospitals/ PSUs/ Autonomous Organisations; and (I) holding analogous posts on regular basis; or (ii) with 3/8 years regular service in posts in the Level-7/Level-4 of 7th CPC respectively.

2 3 NOV 21

Receipt No. 641739/24/11/2022

Mr. Sum

1 of 2

Applications received after the due date or without ACRs or otherwise found incomplete will not be considered.

> (Vikas Chawda) Secretary Incharge Dental Council of India

To,

All the Central/ State Governments/ Universities/ Government Dental Colleges/ Hospitals/ Public Sector Undertakings / Statutory or Autonomous Organizations , (via Email) (As per list attached),

#### Copy to:-

The Secretary to the Govt.of India, (via Email) Ministry of Health and Family welfare, Nirman Bhawan, Maulana Azad Road. New Delhi, Delhi - 110011. dentaledu-mohfw@gov.in for information.

CC:-

1. The President, Dental Council of India, New Delhi

2. Website/Server Section

# DETAIL OF THE POST

1	Name of the Post	Secretary
2	Number of posts	1 (one)
3	Scale of Pay of the post	Level-12 (Cell-1)
4	Qualification, Experience and age	Plus non-practicing allowance as admissible.
	limit prescribed for the post	Qualification
	The post	MDS Degree of a recognised University.
		Experience:
		A total of ten years experiences in the profession of
		dentistry out of which is 8 years teaching experience
		in a dental college after MDS degree and at least
		years experience as Professor in any department in
	The second second second second	dental college/institute.
		Transfer on deputation (including short term
		contract) basis:
		(i) Deputation: From amongst Officers of the
		Central/ State Government/ PSU's/ Autonomous
		Organisation and (i) holding analogous post or
		regular basis or (ii) with 8 years regular service in the
		Level-10 or with 3 years regular service in the Level-
		11, possessing above educational qualification.
		(The period of deputation including period of
		deputation in another ex-cadre post held immediately
- 1		preceding this appointment in the same or some other
- 1		Organization/ Department of the Central Government
		shall ordinarily not exceed three years. The
		age limit for appointment by denutation
		shall not be exceeding 56 years as on the closing date of receipt application).
		(ii) Short-term Control
		(ii) Short-term Contract: From amongst the retired government officers having high
		academic
		possessing characteristic and
		DI COULDED Advanting 1
		qualification. The age limit for short-term contact is
		as per government instructions issued from time to
		CONTRACT.

5	Brief Description of Duties	(1) 77
	T of Buttes	(i) To perform such duties as have been prescribed i
		the Dentist Act and the Regulations made thereoffer
		(11) He shall also be responsible for the sofate of
	1	property of the Council and the control and
		management of the occ-
		correspondence, and shall see that the office staffs
		attends purictually, and generally fulfill all such
		duties as may be required of him by the Council for
		the purposes of the Act.
		(iii) He shall extend and the material
		(iii) He shall attend and the notes of the proceedings
		of meetings of the Council and Executive Committee and any Sub-Committee.
		(iv) He shall not 1
		(iv) He shall not less than 90 days before the
		expiration of the term of any existing appointment,
		draw the attention of the President to the approaching
		vacancy, in order that a new appointment may be
	, -	made to take effect from the day on which the
		existing appointment will expire.
	- 4	(v) To act as Treasurer.
		(vi) To periodically ascertain from the Examining
	1	Bodies the date and place of every examination
		which may be attended by the Inspectors.
		(vii) To certify the travelling, halting and other
		allowances to officers, members, inspectors, and
		other employees of the Council and the President.
		(viii) He shall be responsible for the due preparation
-		and maintenance of all accounts.
		(ix) To discharge only other 6
		(ix) To discharge any other function and perform
		duties as may be assigned by the President, Executive
		Committee and General Body of the Council from time to time.
	Period of Deputation	The state of the s
- 1		Three Years.

### DETAIL OF THE POST

1	Name of the Post	Section Officer
2	Number of Post	4 (four)
3	Scale of Pay of the post	Level-7 (Cell-1)
4	Qualification, Experience and age limit prescribed for the post	Qualification: A degree from recognised University  Experience: 5 years regular service as Assistant/ Head Clerk Accountant in the Level-6 in a Government/ Public Semi Government Under-taking /Statutory Body of Autonomous Organization.  Transfer on Deputation:  The officials under the Central/ State Government University/ PSU's Statutory or Autonomous Organization; (i) holding analogous posts on regular basis or (ii) with five years regular service in the Level-6.  "The period of transfer on deputation shall not ordinarily exceed three years."
	Period of Deputation	Three Years.

### DETAIL OF THE POST

1	Name of the Post	Personal Assistant
2	Number of Post	1 (one)
3	Scale of Pay of the post	Level-7 (Cell-1)
4	Qualification, Experience and age limit prescribed for the post	Qualification: A degree from a recognised University.  Experience: 3 year service as Stenographer in the Level-7 and proficiency in shorthand and typing as under: 120 w.p.m. speed in shorthand in English and 40 w.p.m. speed in English Typing.  Transfer on Deputation Officials under the Central/ State Government/ Universities/ Govt. Medical Colleges/ Hospitals/ Public Sector. Undertakings/ Statutory or Autonomous Organizations; and (i) holding analogous posts on regular basis; or (ii) with 3/8 years regular service in posts in the Level-7/ Level-4 respectively.  "The period of transfer on deputation shall not ordinarily exceed three years."
	Period of Deputation	Three Years.

Past recent passport size colour photo

# Proforma for Application for the post of

1.	Name in Full (IN BLOCK LETTERS)				
2.	Post Applied for	out DETTERS)			
3.	Date of Birth (DD/MM				
4.	Initial date of appointments	nent in Government			
5.	Date of Superannuation (DD/MM/YYYY)	1		-	
6.	Service to which 1			8 11	
7.	Service to which you belong Status of your present employer				
	(Please specify whether State Government/ PSU Statutory/ University/ of	Central Government/s/ Autonomous or			
8.	Office address with Tele	mers)			
9.	Residential Address with	phone No.			
10.	Email ID	relepnone No.			
11.		Educational and other qualifications possess by			
12.	Experience as possessed	by the Officer		V	
13.	Please state clearly wheth entries made by you above requisite qualifications and the post	Please state clearly whether in the light of entries made by you above, you meet the requisite qualifications and work experience of			
4.	Details of employment, in authenticated by your sign	a chronological order	(if needed	i, enclo	se a separate sheet duly
	Name of office/ organization/ Institution	Post held on regular basis	From	To	Level in the Pay Matrix of the post held on regular basis
5	Nature of present employm or quasi-permanent / Ad-ho	OC/ temporary			
	Present post held, along wir present Basic Pay/ Pay scal Grade Pay of the Post held.	th Pay Level and			

16	In case the present employment is held on	1			
	deputation, please state				
	(a) Date of initial appointment				
	(b) Period of appointment on deputation				
	(c) Name of the parent office/ organization				
	(d) Name and pay of the post held in				
	substantive capacity in the present organization				
	Note: In case of Officers already complement				
	Note: In case of Officers already employed or officers should be forwarded by the parent and	deputation basis, the application of su			
	officers should be forwarded by the parent cad certificate, vigilance clearance certificate and in	TO/ CONOMINA AND A 1			
		TACMITTE A AND IT I			
	Note: Information under column 16(c) and 16(d) person is holding a post on deputation outside at	) above must be given in all cases where			
	person is holding a post on deputation outside the a lien in his parent cadre/ organization.	ne cad-e/ crganization but still maintaining			
	- Diguilization.				
	If any post held on deputation (including short-				
	term contract) basis in the past by the applicant,				
	date of return from the last deputation and details.				
	Additional details about present employment:				
	Please state whether working under (indicate				
	the name of your employer against the relevant column)				
	a) Central Government				
	b) State Government				
	c) Autonomous Organization				
	d) Government undertaking				
	e) Universities				
,	f) Others				
	Additional information, if any, relevant to the				
19	post you applied for in support of your				
	suitability of the post.				
	(This among other things may provide				
	information which regard to				
	(i) Additional academic qualifications				
	(ii) Professional training and				
	(iii) Work experience over and above that				
	prescribed in the veceness size of				
	advertisement				
	prescribed in the vacancy circular/advertisement.				

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	(Note: Please enclose a separate sheet duly signed, if the space is insufficient)	
18	Whether belongs to SC/ST/OBC	× ×
	A Fig.	Water and American

I hereby carefully gone through the vacancy circular/ advertisement and I as well aware that the curriculum Vitae duly supported by the documents submitted by me will also be assessed by the Selection Committee at the time of selection for the post. It is also certified that the information/ details furnished above is correct and true to the best of my knowledge. In the event of my selection I shall abide by the terms and conditions of services attached to the post.

Place:	(Signature Cul
Date	(Signature of the candidate) Name:
	Countersigned
14	(Employer/ Head of Office with Seal)

# (Certificate to be furnished by the Employer/ Head of Office/ Forwarding Authority)

Certified that the information/ detail provided in the above application by the applicant are true and correct as per facts available on records. He/ she possess educational qualifications and experience mentioned in the vacancy circular. If selected, he/she will be relieved immediately.

2.	It is al	so certified that:-					
	(i)						
		That there is no vigilance/ disciplinary case or criminal case pending or contemplated against Shri/Smt./Ms./Dr					
	(ii)	That his/ her integrity is certified					
	(iii)	That his/her CR/ APAR dossier in original is and					
	(iv)						
		The standard manner of the standard of the sta					
		(as the case may be)					
	(v)	That the cadre controlling authority has no object to the consideration of the application for the post mentioned in this advertisement.					
		for the post mentioned in this advertisement.					
		Country					
		Countersigned					
		(Employer/ Head of Office with Seal)					
		Name and Designation:					
		Tel. No.:					
Place:_		Office Seal					
Date:							
_							
List of e	nclosures						
1.							

3.
 4.
 5.