

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

(An Autonomous Institution under Govt. of NCT of Delhi)

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 | 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. |
|-----|-----------|---|

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