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| **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****)****VACANCY FOR SENIOR RESIDENTS** **(DENTAL SPECIALITIES)*****Opening Date : ­17.03.2018* *Closing Date :16.04.2018*** Applications are invited to fill up the **tenure posts** of Senior Residents (Dental) lying vacant or likely to fall vacant in near future in the **Pay Level -11 (67700 – 208700) + NPA and other allowances** as admissible under Residency scheme in the following specialties. The vacancy positions may vary depending upon the status at the time of filling up of posts.

|  |  |
| --- | --- |
| **DEPARTMENT** | **Vacancy Position** |
| **GEN** | **OBC** | **SC** | **ST** | **TOTAL** |
| Prosthodontics | 01 | - | - | - | 01 |
| Conservative Dentistry | 01 | - | - | 01 | 02 |
| Periodontics | - | 01 | - | - | 01 |
| Public Health Dentistry | - | 01 | - | - | 01 |
| Forensic Odontology | 01 | - | - | - | 01 |
| Pedodontics | - | - | 01 | - | 01 |
| Dental Anatomy | - | - | 01 | - | 01 |
| Oral Pathology | 01 | - | - | - | 01 |

*Opening date of Application***17.03.2018***Closing date of Application***16.04.2018***Collection of Admit Card***27.04.2018***Written Examination (MCQ)***28.04.2018***Declaration of result***28.04.2018*****Date & time for Interview of Shortlisted Candidates***  ***shall be displayed on website of MAIDS i.e. www.maids.ac.in*** Interested candidates may apply on the prescribed form. Duly filled in applications along with supporting documents should be submitted at Room No. 116, 1st floor, Maulana Azad Institute of Dental Sciences, B.S.Zafar Marg, New Delhi-110002, on or before **16.04.2018.*** **Eligibility:** Passed MDS in the concerned specialty (**not before 01.04.2013 i.e. within 5 years**), from a recognized University. **For Forensic Odontology** candidates with **full time regular Diploma/Degree in Forensic Odontology/ Forensic Sciences** from a recognized Institution of well repute after **M.Sc/MDS/BDS** are eligible.
* **Fee Payable:** Rs.1000/- for General/OBC candidates and Rs. 500/- for SC/ST**.** The fee should be paid in the form of Demand Draft in favour of ***Director Principal, Maulana Azad Institute of Dental Sciences, New Delhi, Payable at Delhi.***
* **Mode of Selection:** The selection will be made through written test followed by interview of shortlisted candidates i.e. three times the number of vacancies. The written test (MCQs) would consist of two parts. Part-I (General Dentistry) [50 questions] and Part-II (Specialty), [50 questions]. **Duration of examination**: Part-I, 50 Minutes & Part-II, 50 Minutes, with a break of 10 Minutes. There will be negative marking. One mark will be deducted for every incorrect answer. **The candidates shortlisted after written test shall have to qualify separately in the Interview as well.** Only qualified candidates will be shortlisted for interview. **(Qualifying Marks for written test for Gen-50%, OBC-45%, SC/ST – 40%).**  However, the maximum number of qualified candidates in written test which shall be called for **interview shall not be more than 3 times the number of vacancies**. The candidates shortlisted after written test shall have to qualify separately in the interview as well.

 The decision of the selection committee would be final in this regard.* **Maximum Age Limit**: 40 years.

**Note:** ***OBC certificate issued from other than GNCT of Delhi will be considered under General category. General Candidates are not eligible to apply against Reserve category post. Candidates shall be appointed as & when the vacancy actual arises.*****-Sd-****Director-Principal** |

**MAULANA AZAD INSTITUTE OF DENTAL SCIENCES**

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

**Bahadur Shah Zafar Marg: New Delhi-110002**

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| Affix Recent Passport Size Photograph |

 **APPLICATION FORM FOR SENIOR RESIDENT**

**Post Applied for (Speciality) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **1.** | \*Name (IN BLOCK LETTERS)  |  |
| Male: Female: |
| **2.** | Father’s Name |  |
| **3.** | Permanent Address(IN BLOCK LETTERS) |  |
| \*Postal Address(IN BLOCK LETTERS) |  |
| **4.** | Phone  Home: Office: \* Mobile: |  |
| **5.** | \*Email ID (IN BLOCK LETTERS) |  |
| **6.** | \*Date of Birth  |  |
| **7.** | CATEGORY– Gen/SC/ST/OBC *(OBC candidate must be from GNCT of Delhi)* |  |

**8. Examination passed**

1. **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 % |
|  |  |  |  |  |

1. **MDS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specialty)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 % or Division |
|  |  |  |  |  |

**9. Details of work experience after MDS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Place of work – Name of Hospital/Institute/Clinic with address | Designation  | Pay Scale or Gross Salary | Period of employmentFrom To |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **10**. | \* Documents must be self attested ( indicate ✔mark against the certificates attached) | i) Age Proofii) Caste Certificate ( SC/ST/OBC )iii) BDS Degreeiv) MDS Degree/ Provisional Degreev) State Dental Council Registrationvi) Experience Certificatevii) 2 Passport size photograph (one to be affixed on form and one separately) |

**11.** Bank Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Issuing Bank with Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. State Dental Council Registration No. & Date with 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. The Institutions from where I have passed BDS and MDS course, is recognized by Dental Council of India.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* Should not be left vacant otherwise application is liable to be rejected***

***\* All the details of the recruitment process have been displayed in ‘recruitment section’ of website of MAIDS (www.maids.ac.in.)***