

# 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 (Extn. No. 1156, 1155), Fax. 011-23217081, [Email- registrarmaids@yahoo.com](mailto:registrarmaids@yahoo.com))

## **SHORT TERM CLINICAL ASSISTANTSHIP FOR BDS GRADUATES**

- Aim** - To provide opportunity for clinical assistance in different Dental Specialties.
- Vacancy** - Ten seats for four months period only.
- Eligibility** -
- i/ Must have passed BDS from Dental Institute recognized by DCI.  
**(Internship within last two years (i.e. on or after 19.08.2017)).**
  - ii/ Registered with State Dental Council
- Fee for Assistantship-** Rs. 1 lakh for 4 month's Assistantship, Fee is not refundable.
- Guidelines** -
- i/ Selection would be strictly on the basis of percentage of total marks obtained in BDS examinations (all 4 years) and performance during interview.
  - ii/ Maximum period of Assistantship shall be **4 months** only and will not be extended.
  - iii/ Candidate can choose specialties of Assistantship at his/her own will in maximum two clinical subjects. **This is subject to award of specialty during counseling, as per merit.**
  - iv/ Preference would be given to wards of residents of Delhi

Interested candidates may apply on prescribed format with following documents:-

- i/ Self attested copies of mark sheets of I,II,III & Final BDS.
- ii/ Self attested copy of Certificate regarding completion of internship.
- iii/ Proof of residence of Delhi (Passport/VoterI-Card/Aadhar Card) self attested copy.
- iv/ Registration with State/ Delhi Dental Council (Self attested copy).
- v/ Any other relevant testimonial/ document including merit certificates/medals.

**-Sd-  
Registrar,  
MAIDS**

# Clinical Assistantship

## IMPORTANT DATES

### Opening date

*Saturday 3<sup>rd</sup> August, 2019*

### Last date for submission of application

*Monday, 19<sup>th</sup> August, 2019 upto 04:00 P.M.*

### Date & Time of Interview

*Monday, 26<sup>th</sup> August, 2019 at 10:00 A.M.*

### Venue

*Conference Room, 1<sup>st</sup> Floor, MAIDS, New Delhi.*

### Display of selected candidates list

*Wednesday, 28<sup>th</sup> August, 2019*

### Counselling for allotment of specialties

*Thursday, 29<sup>th</sup> August, 2019 at 11:00 AM*

### Commencement of Clinical Assistantship

*Monday, 02<sup>nd</sup> September, 2019*

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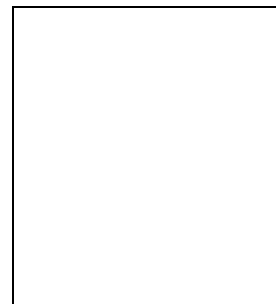
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## **(APPLICATION FOR PAID CLINICAL ASSISTANTSHIP)**

**(FOR THE PERIOD 02<sup>nd</sup> September, 2019 to 31<sup>st</sup> December, 2019)**

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



1. Full Name of the Applicant: \_\_\_\_\_  
(IN BLOCK LETTERS)

2. Father's/ Husband's Name : \_\_\_\_\_

3. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Phone No. : Resi. \_\_\_\_\_ Mob. \_\_\_\_\_

5. Nationality : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Marital Status : \_\_\_\_\_

8. **Academic Qualifications** :-

Examination passed (BDS)	Board/ university	Name of college	Year of passing	Year	Max. Marks	Marks obtained	Percentage	No. Of attempts in passing BDS
				Ist Year				
				II Year				
				III Year				
				Final year				
				<b>Total</b>				

9. Fees for Assistantship : Rs. 1,00,000/- (Rupees One Lakh only) For 04 months  
Fee is not refundable

10. In order of preference please mark 03 choices as 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>:-

Oral Surgery       Prosthodontics       Conservative Dentistry

Orthodontics       Pedodontics       Periodontics

11. Enclosed all requisite documents/ Certificate alongwith application.

- a. Copies of Mark sheets of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and Final year BDS.
- b. 10<sup>th</sup> Certificate for age proof.
- c. Internship Completion Certificate.
- d. Proof of Resident of Delhi (Aadhar Card/Passport/Voter I. Card).
- e. Certificate, Medals, Honours, Conference attended, Papers Presentation and Poster etc. (Attach extra sheet if necessary).

**12. (Internship within last two years (i.e. on or after 19.08.2017)).**

**SIGNATURE OF THE CANDIDATE**

**NAME IN BLOCK LETTER: \_\_\_\_\_**