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.: 011-23233925, Fax. 011-23217081, Email-dpmaids@gmail.com; registrarmaids@yahoo.com)

VACANCY FOR SENIOR RESIDENTS (DENTAL SPECIALITIES)

Opening Date: 30.06.2015 Closing Date: 20.07.2015

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 Band -3 [Rs.15600 - 39100] + GP-6600/- and allowances as admissible under Residency scheme in the following specialties.

DEPARTMENT	Vacancy Position				
	GEN	OBC	SC	ST	TOTAL
Prosthodontics	1	1	-	-	02
Orthodontics	-	1	-	_	01
Conservative Dentistry	1	1	-	1	03
Periodontics	-	1	-	-	01
Oral Pathology	1	-	-	_	01
Community Dentistry	1	-	-	-	01
TOTAL	4	4	-	1	09

Interested candidates may apply on the prescribed form. Duly filled in applications alongwith 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 12.00 Noon.

Eligibility: Passed MDS in the concerned speciality, from a recognized University.

Fee Payble : Rs.1000/- for General/OBC candidates and Rs. 500/- for SC/ST/PH. 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.**

Opening date of Application
30.06.2015
Closing date of Application
20.07.2015
Collection of Admit Card
30.07.2015
Written Examination (MCQ)
01.08.2015 (at 12 Noon)
Declaration of result
01.08.2015 (Evening)
Interview of Shortlisted Candidates
06.08. 2015 (Thursday)

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 (Speciality), [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. 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. Only those candidates shall be selected, who qualify separately in the written test as well as in the Interview.

The decision of the selection committee would be final in this regard.

Maximum Age Limit: 40 years. Relaxation for OBC/SC/ST candidates as per rule.

Note: OBC certificate issued from <u>other than</u> GNCT of Delhi will be considered under General category. General Candidates are not eligible to apply against Reserve category post.

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institution under Govt. of NCT of Delhi) Bahadur Shah Zafar Marg: New Delhi-110002

APPLICATION FORM FOR SENIOR RESIDENT

Affix Recent Passport Size Photograph

Doo	4 Applied for/Charlelity)	Photograph	
POS	t 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

(a) BDS

Name of the Institute	Year of Passing	Total Max Marks	Total Marks Obtained	Marks obtained
& University	Examination	(I to Final year)	(I to Final year)	in percentage %

Name Institut University 9. Deta	sity	&	Year of Passing Examination perience after M	Total Max Marks (I to Final year)	Total M Obtained (I to F year)	arks Marks obtained in percentage % or Division
Place of work – Name of Hospital/Institute/Clinic with address				Designation	Pay Scale or Gros Salary	s Period of employment
					~	From To
 * Documents must be attested by Gazetted Officer (indicate ✓ mark against the certificates attached) i) Age Proof ii) Caste Certificate (SC/ST/OBC) iii) BDS Degree iv) MDS Degree/Provisional Degree v) State Dental Council Registration vi) Experience Certificate vii) 2 Passport size photograph (one to be affixed on form and one separately) 						
11. Bar	nk Draft 1	No		Dated:	Amou	ınt:
Name of Issuing Bank with Address						
<u>UNDERTAKING</u>						
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: _	Date: Signature :					
					Name :	

(b) MDS _____(speciality)

^{*} Should not be left vacant otherwise application is liable to be rejected