



M. A. I. D. S. Contact No. 011-23233884, 23235211,  
Ext. No. 1155, 1156

Govt. of NCT of Delhi

# Maulana Azad Institute of Dental Sciences

"M.A.I.D.S. Complex, B.S. Zafar Marg, New Delhi – 110002"

## NOTICE

Recruitment on Contract Basis for the post of "Dental Surgeon" under  
National Health Mission (NHM) – Mobile Dental Clinic Project

**Opening date of receipt of Applications : 25/11/22**

**Closing date of receipt of Applications : 15/12/22 (Till 04.00 PM)**

**No. of Post: 01**

Applications are invited for the following post to be filled on "**Contract Basis**" under National Health Mission (NHM) – Mobile Dental Clinic Project, New Delhi from the eligible candidates as per the eligibility criteria:

| Sl. No. | Name of the post | Consolidated Contractual Remuneration per month | Qualification  | Experience  | Age Limit   | Category  | Programme/Division source    | Application fees |
|---------|------------------|---|--|---|---|---|------------------------------|------------------|
| 01.     | Dental Surgeon   | Rs. 53,000/-                                    | 1. A degree qualification (B.D.S) including Part I of the scheduled Dentists Act of India, 1948<br>2. Registered with Delhi/ State Dental Council. | Essential:<br>Two years post qualification working experience in either a major pvt. Clinic/ Hospital or one year experience in a Public Hospital | 35 years as on 15/12/22 (Age relaxation as per rules) | OBC<br>[OBC certificate should be issued from Govt. of NCT of Delhi as "OBC_(Delhi)". | Mobile Dental Clinic Project | Rs. 1000/-       |

**Note:**

- Application fees should be paid in the form of **Demand Draft**. (Details enclosed below)

- Complete application in the prescribed format along with the **Documents must reach on or before 15/12/22 up-to 04:00 pm directly by hand or by Post .**

### **TERMS AND CONDITIONS AND INSTRUCTIONS**

|   |  |
|---|--|
| <b>Fees</b>   | Demand Draft of Rupees One Thousand only should be favouring “NRHM MOBILE DENTAL CLINIC PROJECT” payable at Delhi.   |
| <b>Mode of Selection</b>                                  | The Candidates will be shortlisted after scrutiny of documents as per eligibility criteria. The shortlisted candidates will be called for written exam followed by the Interview.Candidates (three times the number of vacancy) who qualify the written examination will be called for the interview.  |
| <b>How to Apply</b>                                       | <ol style="list-style-type: none"> <li>1. Complete application in the prescribed format along with the <u>Documents and with the application fees payable at New Delhi must reach on or before 15/12/22 up-to 04:00Pm directly by hand or by Post</u> addressed to “The M.O.I/C-Mobile Dental Clinic Project, room No.116. 1<sup>st</sup> Floor, Maulana Azad Institute of Dental Sciences, MAMC Campus, B.S Zafar Marg, New Delhi-110002”.</li> <li>2. The application form is available on the website <a href="http://www.maids.ac.in">www.maids.ac.in</a> The applicants must fill in the prescribed form only available on the Institute website.</li> </ol>  |
| <b>Documents to be attached with the Application form</b> | <ol style="list-style-type: none"> <li>1. <b>Self attested Documents</b></li> <li>2. PHOTO ID PROOF (Pan Card, Aadhar Card, Voter ID Card etc.)</li> <li>3. Self attested copy of Internship Completion Certificate, Registration Certificate and mark sheets of B.D.S 1<sup>ST</sup> to 4<sup>TH</sup> Year</li> <li>4. Self attested experience and character certificate</li> <li>5. Completed Application Forms along with necessary documents should reach Maulana Azad Institute of Dental Sciences, Room No: 116, M.A.I.D.S. Complex, B.S. Zafar Marg, New Delhi – 110002 by 04.00 pm on 15/12/22</li> <li>6. <b>Demand Draft of Rupees One Thousand only should be favouring “NRHM MOBILE DENTAL CLINIC PROJECT” payable at Delhi.</b></li> <li>7. In case of any query kindly contact DR.SWATI JAIN-Senior Consultant (Mobile Dental Clinic Project) on 9870324442 between 09.00 to 04.00 pm only from Monday to Friday.</li> </ol> |
| <b>Category</b>   | <b>OBC certificate should be issued from Govt. of NCT of Delhi as "OBC-Delhi".</b> OBC Certificate issued from other than this will not be considered.The OBC candidates must be in possession of non-creamy layer certificate, along with his/her caste certificate. The validity of the non-creamy layer certificate should be for the financial year 2022-23 i.e. certificate issued on or after 01.04.2022.  |

- The post is for the project “Mobile Dental Clinic Project” .The incumbent will also have no right for the regular appointment.
- Age and experience will be reckoned w.r.t. 15/12/22.
- Applications lacking complete information as per the proforma or failure in submission of copies of relevant documents will be liable to be rejected without any communication.

- The Competent Authority reserves the right to change the number of vacancies, withdraw the process in full or in part and also the right to reject any or all applications received without assigning any reasons or giving notices etc.
- Competent Authority will scrutinize the applications and only Candidates as per eligibility criteria shall be called for further evaluation as “Call for Written Examination and Interview” shall be displayed on the Institutional website ([www.maids.ac.in](http://www.maids.ac.in)). Kindly follow the Institutional Website for further updates and information.
- No TA/DA or other allowances will be paid to the candidate for interview/screening test or for joining the post.
- The decision of the Competent Authority regarding selection of the candidate will be final and no representations will be entertained in this regard in any circumstances.
- A list of Selected Candidates as well as Wait list candidates shall be displayed on the Institutional Website i.e. [www.maids.ac.in](http://www.maids.ac.in).

“The institute will not be responsible for any postal delay on the part of any delivery agency. Any applications reaching after the closing date shall not be considered. ”

Kindly follow the Institutional Website for further updates and information.

[www.maids.ac.in](http://www.maids.ac.in).

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**S/d-**  
**Director-Principal**



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## APPLICATION FORM

Recruitment on contract basis under National Health Mission (NHM)  
Mobile Dental Clinic Project

Applied for the Post of "Dental Surgeon"

Duly affix  
Photograph

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. D.O.B. : \_\_\_\_\_
4. Age as on 15/12/2022 : \_\_\_\_\_
5. Contact No. : Mob. No. \_\_\_\_\_ Res. No. \_\_\_\_\_
6. Email-id : \_\_\_\_\_
7. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
8. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_
9. Bank Draft details :
10. Bank Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount **Rs. 1000/-**
11. Name of the issuing bank with Address \_\_\_\_\_
12. Category:
  - 12a. Name of the State from where the category certificate has been issued: \_\_\_\_\_
  - 12b. Name/Designation of the Issuing authority : \_\_\_\_\_
  - 12c. Registration No. and Date of Category Certificate: \_\_\_\_\_

PTO

13. Qualification : \_\_\_\_\_

14. Experience : \_\_\_\_\_

15. Any other information : \_\_\_\_\_

Signature \_\_\_\_\_

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

### 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 B.D.S course, is recognized by Dental Council of India.

Dated :

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

Name \_\_\_\_\_

|    |  |                       |                        |  |
|----|--|-----------------------|------------------------|--|
| 1. | Attach self attested photocopies of the following certificates/documents in the order as mentioned below :-  |                       |                        |  |
| a. | 10 <sup>th</sup> Class Certificate in r/o date of birth.   |                       |                        |  |
| b. | PHOTO ID PROOF (Pan Card, Aadhar Card, Voter ID Card etc.)   |                       |                        |  |
| c. | Self attested copy of Internship Completion Certificate, Registration Certificate and mark sheets of B.D.S 1 <sup>ST</sup> to 4 <sup>TH</sup> Year |                       |                        |  |
| d. | State Dental Council Registration Certificate.   |                       |                        |  |
| e. | Two Passport size photographs (one to be affixed on form and one separately).  |                       |                        |  |
| f. | <b>Self attested experience, category and character certificate</b>  |                       |                        |  |
| 2. | <b>Draft Details</b>   |                       |                        |  |
|    | <b>Amount</b>  | <b>Bank Draft No.</b> | <b>Bank Draft Date</b> | <b>Name of the issuing Bank with address</b> |
|    |  |                       |                        |  |
| 3. | <b>Valid State Dental Council Registration No.</b>   |                       |                        |  |