

# 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- [directormajds@gmail.com](mailto:directormajds@gmail.com))

## VACANCY FOR SENIOR RESIDENTS (DENTAL SPECIALITIES)

**Opening Date: 23.05.2022**

**Closing Date: 15.06.2022**

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					
	UR	OBC	SC	ST	EWS	TOTAL
Oral Medicine & Radiology	02	01	--	--	--	03
Oral & Maxillofacial Surgery	02	01	01	--	--	04
Prosthodontics	03	02	01	--	01	07
Conservative Dentistry	03	02	--	--	01	06
Orthodontics	04	--	--	--	--	04
Pedodontics	01	01	--	--	--	02
Periodontics	02	--	--	--	--	02
Public Health Dentistry	02	01	--	--	--	03
Oral Pathology	01	--	--	--	--	01
Dental Anatomy	01	--	--	--	--	01
<b>Total</b>						<b>33</b>

➤ Out of these above posts one seat is identified for suitable PwD candidate.

- D, HH
- OA, OL, CP, Dw, AAV,
- SLD
- MD involving (a) to (c) above

**D=Deaf, HH=Hard of Hearing, OA=One Arm, OL=One Leg, CP=Cerebral Palsy, Dw=Dwarfism, AAV=Acid Attack Victims, SLD=Specific Learning Disability, MD=Multiple Disabilities.**

➤ Interested candidates may apply on the prescribed form. Duly filled in application along with supporting documents addressed to Director-Principal, MAIDS should be submitted by hand/by post at Room No. 116, 1<sup>st</sup> floor, Maulana Azad Institute of Dental Sciences, B.S.Zafar Marg, New Delhi-110002, on or before **15.06.2022 till 04:00 PM. Applications sent through post/by hand should also reach the said address on or before the closing date and time mentioned above. Institute shall not be responsible for delay in respect of application by postal authorities or by the courier company. Therefore, candidate should plan accordingly.**

- **Eligibility:** Passed MDS in the concerned specialty (**not before 23.05.2017 i.e. within 5 years**), from a recognized University. **For the post of Senior Resident (Dental Anatomy) incumbents with MDS (Oral Pathology) are eligible.** Candidates should have adequate documentary proof of having passed MDS examination as on 15.06.2022. He/She should also have valid and updated State Dental Council Registration with MDS duly incorporated therein before/on 15.06.2022.
- **Fee Payable:** Rs.1000/- for UR/OBC candidates and Rs. 500/- for SC/ST/EWS. The fee should be paid in the form of Demand Draft in favour of "**Director-Principal, MAIDS**" payable at New Delhi. Fee is not refundable.
- **Reservation Benefit:**
  - a) Candidates who wish to be considered against reserved vacancies and /or to seek age relaxation, must be in possession of relevant certificates (EWS/SC/ST/OBC-NCL/PwD/Educational etc.)
  - b) Persons with locomotors disability (PwD) to produce/submit a certificate issued by a Competent Medical Authority.
  - c) **OBC certificate should be issued from Govt. of NCT of Delhi as "OBC (Delhi)".** OBC Certificate issued from other than this will be considered under General category. General Candidates are not eligible to apply against Reserve category post. 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.**
- **Age Limit:**
  - a) **Not exceeding 45 years** (relaxation of 5 years for SC/ST, 3 years for OBC) as on last date of submission of application.
  - b) Age relaxation of 10 years for Persons with Disability (PwD), 15 years for SC/ST candidates of PwD and 13 years for OBC candidates of PwD.
- **Duration of Examination:** 100 Minutes
- **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 will consist of 100 MCQs (consisting of 25 basic sciences and 75 dental specialty MCQs). **There will be negative marking.**
- The candidates shortlisted after written test shall have to qualify separately in the Interview as well. The ranking of the qualifying exams will not be the sole criteria for selection. Qualifying Marks for written test for UR/EWS-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 final merit of selected candidates for recruitment as Senior Resident will be made after taking into consideration the performance of candidates in written test and interview both.
- The decision of the selection committee would be final in this regard.

**Tenure:** The tenure of Senior Residents is for a period of 03 years including any service rendered as Senior Residents earlier on ad-hoc/regular basis in any recognized Institute/Hospital/College/University. The services of the Senior Resident will be governed by residency scheme of Govt. of India.

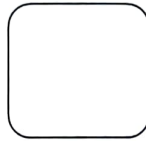
**Note:**

1. On the direction of the Health & Family Welfare (H&FW) Govt. of NCT of Delhi reservation has been workout as per DoPT OM No. F36012/2/96-Estt.(Res) dated 02.07.1997 and OM No.36039/1/2019-Estt.(Res) dated 31.01.2019 and reservation has been mentioned against each post.
2. Candidates shall be appointed as & when the vacancy actually arises.
3. No TA/DA will be paid for appearing for written test and interview.
4. The Competent Authority reserves the right to do any cancellation, amendment and change of advertisement.

  
**Director-Principal,  
MAIDS**

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



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## APPLICATION FORM FOR SENIOR RESIDENT (DENTAL)

Applied for Specialty/Department \_\_\_\_\_

1.	Name	
		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
2.	Father's Name	
3.	Permanent Address	
	Postal Address	
4.	Contact Number: Mobile:	
5.	Email ID	
6.	Date of Birth	



7.	<b>CATEGORY : Un-reserved/SC/ST/OBC/EWS</b> OBC certificate should be issued from Govt. of NCT of Delhi as "OBC (Delhi)"	<input type="text"/>
7a.	Whether belongs to PwD category: Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	<b>In case of belong to reserved category i.e. SC/ST/OBC/EWS kindly provide the following details</b>	
8a.	Name of the State from where the category certificate has been issued.	
8b.	Name/Designation of the Issuing authority	
8c.	Registration No. and Date of Category Certificate	

### 8. Examination passed

(a) **BDS**

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

(b) **MDS** \_\_\_\_\_ (please mentioned Specialty/Department in which MDS done)

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 employment	
			From	To
10.	* Documents must be self attested ( indicate ✓ mark against the certificates attached)	✓	Documents	
			Age Proof	
			Category Certificate (SC/ST/OBC/EWS/PwD), If applicable	
			BDS Degree with all mark-sheets	
			Internship Completion Certificate	
			MDS Degree/Provisional Degree	
			Valid State Dental Council Registration Certificate	
			Experience Certificate, If any	
		2 Passport size photograph (one to be affixed on form and one separately)		
In case of short documents (S. No. 10), the application is likely to be rejected.				
11.	<b>Bank Draft Details</b>			
	<b>Bank Draft No.</b>	<b>Dated</b>	<b>Amount</b>	<b>Name of the Issuing Bank with address</b>
12.	<b>State Dental Council Registration Details</b>			
	<b>Registration No.</b>	<b>Valid up-to</b>	<b>State where registered</b>	

**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 \_\_\_\_\_