



M. A. I. D. S.
Govt. of NCT of Delhi

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Maulana Azad Institute of Dental Sciences

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

NOTICE

RECRUITMENT FOR CONTRACTUAL POST FOR ICMR RESEARCH PROJECT

Subject: Recruitment on “Contract Basis” for the post of Project Research Scientist-II and Project Research Scientist-I (Non-Medical) in the project entitled “Dental Technology Innovation Hub- Center for Research, Innovation and Development of Dental Technologies” (under Indian Council of Medical Research) in MAIDS.

Opening date of receipt of application	18-07-2024 Thursday)
Closing date of receipt of applications	07-08-2024 (Wednesday) Up-to 12 Noon

Applications are invited for recruitment of the post of Project Research Scientist-II and Project Research Scientist-I (Non-Medical) – 2 Nos. in the project entitled “Dental Technology Innovation Hub- Center for Research, Innovation and Development of Dental Technologies” sanctioned under Extramural Research (CAR) scheme of Indian Council of Medical Research, New Delhi. Eligible candidates may submit their application form in the prescribed format along with relevant documents in Dental Technology Innovation Hub, Room no. 309, 3rd Floor, Phase II Building, Dental Technology Innovation Hub, Maulana Azad Institute of Dental Sciences, MAMC Campus, BS Zafar Marg, New Delhi-110002 **on or before 07/08/2024**.

The other details for the notified post are mentioned below: -

Post	Vacancy	Salary	Eligibility	Age limit
Project Research Scientist-II	01 post	Rs. 80,000/- + 27% HRA	1. MDS (Conservative Dentistry and endodontics) 2. Three-years' experience in teaching/ research and development from an academic institute is desirable and preferred 3. Work Experience in research projects/ Technology Development projects under extra-mural grants at academia is desirable and preferred	Not exceeding 40 years as on last date of application
Project Research Scientist-I (Non-Medical)	01 post	Rs. 56,000/- + 27% HRA	1. B Tech mechanical engineering with 3 years of relevant experience or M Tech Mechanical / design engineering with 1 year experience. 2. Experience in using Solidworks, Ansys, Autodesk fusion, Exocad, Maestro 3D softwares is desirable	Not exceeding 35 years as on last date of application


Principal Investigator

TERMS AND CONDITIONS AND INSTRUCTIONS

Mode of Selection for the Post

The Candidates will be shortlisted after scrutiny of documents as per eligibility criteria. The Shortlisted Candidates will be then called for an Interview.

How to Apply

Complete application in the prescribed format along with the documents must reach on or before 07-08-2024 up-to 12:00 Noon Directly by hand or by Post, addressed to **"The Principal Investigator, Dental Technology Innovation Hub, Room No. 309, 3rd Floor, Phase II Building, Dental Technology Innovation Hub, Maulana Azad Institute of Dental Sciences, MAMC Campus, BS Zafar Marg, New Delhi-110002. "The post applied for should be marked clearly on top of the application form."**

Documents to be attached with the Application form

1. Self-attested copies of certificates in support of age, qualification and experience.
2. No Objection Certificate from the present employer
3. Two passport-sized photographs.

- The post is for the project entitled "Dental Technology Innovation Hub - Center for Research, Innovation and Development of Dental Technologies" (under Indian Council of Medical Research) in MAIDS. **This post is purely on contractual basis. The incumbent will also have no right for the regular appointment.**
- **Duration of Contract is initially** for a period of **ONE YEAR**. It may be extended based on performance and other relevant criteria as laid down by Indian Council of Medical Research.
- Age and experience will be reckoned w.r.t. the last date of closure of applications.
- Applications lacking complete information 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, communication in this regard will be **through e-mail only**.
- No TA/DA or other allowances will be paid to the candidate for interview 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.
- In case of any query kindly contact Mr. Deepak – 9953312951 between 02.00 to 04.00 pm only from Monday to Friday. No email communications shall be entertained in this regard.
- **"The Institute will not be responsible for any postal delay on the part of any delivery agency"**

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

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

Affix Recent
Passport Size
Photograph

APPLICATION FORM

Applied for Post of -----

1.	Name	
		Male: ☐ Female: ☐
2.	Father's Name	
3.	Permanent Address	
	Postal Address	
4.	Contact Number: Mobile:	
5.	Email ID	
6.	Date of Birth	

7. Examination passed

(a) GRADUATION

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) POST-GRADUATION

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

8. Details of work experience:

Place of work – Name of Hospital/ Institute/ Organization		Type of Organization – Govt/ Private	Designation	Pay Scale or Gross Salary	Period of employment From To	
9.	* Documents must be self attested (indicate ✓ mark against the certificates attached)	✓	✓	Documents		
				Age Proof		
				All Degree Certificate with all mark-sheets		
				Internship Completion Certificate (if applicable)		
				Valid State Dental Council Registration Certificate, if any		
				Experience Certificate, If any		
				Any other-		

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.

Date:

Signature_____

Name -