



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

Contact No. 011-23233884, 23235211,  
Ext. No. 1155, 1156

## 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 in the project entitled “DENT-CAP: Metal Positioning System using Capacitive Sensing Technique for Guided-Dentistry” under Indian Council of Medical Research in MAIDS.

|  |  |
|--|--|
| <b>Opening date of receipt of application</b>  | <b>22-12-2025 (Monday)</b>               |
| <b>Closing date of receipt of applications</b> | <b>05-01-2026 (Monday) Up-to 12 Noon</b> |

Applications are invited for recruitment of the post of Project Research Scientist-II in the project entitled “DENT-CAP: Metal Positioning System using Capacitive Sensing Technique for Guided-Dentistry” sanctioned under 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, 3<sup>rd</sup> 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 05-01-2026**.

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

| <b>Post</b>                   | <b>Vacancy</b> | <b>Salary</b>             | <b>Eligibility</b>  | <b>Age limit</b>                                      |
|-------------------------------|----------------|---------------------------|---|---|
| Project Research Scientist-II | 01 post        | Rs. 80,000/-<br>+ 30% HRA | 1. MDS (Prosthodontics)<br>2. Three-years' experience in teaching/ research and development from an academic institute is desirable<br>3. Work Experience in research projects/ Technology Development projects under extra-mural grants at academia is desirable | Not exceeding 40 years as on last date of application |

*Dinshulay*  
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 05-01-26 up-to 12:00 Noon Directly by hand or by Post, addressed to **"The Principal Investigator, Dental Technology Innovation Hub, Room No. 309, 3<sup>rd</sup> 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. One passport-sized photographs.

- The post is for the project entitled "DENT-CAP: Metal Positioning System using Capacitive Sensing Technique for Guided-Dentistry" 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 or the duration of the project, whichever is earlier.** 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 the **institutional website**.
- 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: <input type="checkbox"/> Female: <input type="checkbox"/> |
| 2. | Father's Name              |   |
| 3. | Permanent Address          |   |
|    | Postal Address             |   |
| 4. | Contact Number:<br>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<br>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 -