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

Contact No. 011-23233884, 23235211,
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Maulana Azad Institute of Dental Sciences

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

NOTICE

Subject: Recruitment on "**Contract Basis"** for the post of Senior Project Associate in the project entitled "Design and prototype fabrication of Ultrasound (US) based tooth pulp vitality tester" (under Department of Science & Technology, Govt. of India) in MAIDS.

Opening date of receipt of application	**03-07-2024 (Wednesday)**
Closing date of receipt of applications	**18-07-2024 (Thursday) Up-to 12 Noon**

Applications are invited for recruitment for the post of Senior Project Associate on contractual basis under the project entitled "Design and prototype fabrication of Ultrasound (US) based tooth pulp vitality tester" sanctioned under Technology Development Program of Department of Science & Technology, Government of India. Eligible candidates may submit their application (CV & passport size photograph) along with relevant documents in Dental Technology Innovation Hub, Room No. 309, 3rd Floor, Phase II Building, Maulana Azad Institute of Dental Sciences, New Delhi-110002 **on or before 18-07-2024.**

The shortlisted candidates may be called for interview, the details of which shall be communicated via email only in due course. The other details for the notified post are mentioned below:-

Post	Vacancy	Consolidated Salary	Eligibility	Age limit
01 – Post Senior Project Associate Tenure- Initially for 1 year	1(UR)	42,000 + 27% HRA	B.D.S. with minimum 4-year experience in research and development in an academic institution OR M.D.S – Conservative Dentistry with 1 year research/ teaching experience.	Not exceeding 40 years as on last date of application

Dr. Ruchika R. Nawal
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 called for Interview.
How to Apply	Complete application in the prescribed format along with the documents and with application fees payable at New Delhi must reach on or before 18-07-2024 up-to 12:00 Noon directly by hand or by Post, addressed to **"Principal Investigator, Dental Technology Innovation Hub, Room No. 309, 3rd Floor, Phase II Building, Maulana Azad Institute of Dental Sciences, MAMC Campus, BS Zafar Marg, New Delhi-110002**. The application form to be filled in the prescribed format. **"The post applied for should be marked clearly on top of the application form."**
Documents to be attached with the Application form	Self-attested copies of certificates in support of Age, Experience, Valid Registration with State Dental Council, Internship Certificate, Marks statements of Bachelors/ MDS/ Graduate/ Post Graduate degree and Other Qualifications (**Technical/Professional**) if any.

- This post is for the project entitled "Design and prototype fabrication of Ultrasound (US) based tooth pulp vitality tester" (under Department of Science & Technology, Govt. of India) in MAIDS. **This post is purely on contract basis. The incumbent will also have no right for the regular appointment.**
- **Duration of Contract is** for a period of **ONE YEAR.** It may be extended based on performance and other relevant criteria for the duration of the project.
- Age and experience will be reckoned w.r.t. the last date of closure of applications.
- 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 notified through email for further evaluation.
- 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.
- **A list of Selected Candidates as well as Wait list candidates shall be displayed on the Institutional Website i.e.** www.maids.ac.in.
- In case of any query kindly contact Dr. Ananya Malhotra, 8800709286, 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"

Kindly follow the Institutional Website for further updates and information. (www.maids.ac.in)

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) 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

8. Details of work experience:

Place of work – Name of Hospital/Institute/Clinic with address	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
			BDS Degree with all mark-sheets
			Internship Completion Certificate
			MDS Degree/Provisional Degree
			Valid State Dental Council Registration Certificate
			Experience Certificate, If any
In case of short documents (S. No. 10), the application is likely to be rejected.			
10.	**State Dental Council Registration Details**		

Registration No.	**Valid up-to**	**State where registered**

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 -