

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)

Date: 21st August 2024

VACANCY NOTICE

Applications are invited for the post of Project Research Scientist-I (Medical) under ICMR extramural Adhoc project titled ‘ **Development of Point-of-Care Test Kit for Diagnosis of Patients with suspected Oral Squamous Cell Carcinoma**’ in the Department of Oral and Maxillofacial Pathology, Maulana Azad Institute of Dental Sciences, New Delhi. This post is purely temporary and is to be filled initially for a period of one year subject to extension up to total duration of 3 years.

Name of the Post	Project Research Scientist I (Medical)
No. of post (UR)	01
Essential Qualification	MDS in Oral and Maxillofacial Pathology from a recognized University.
Desirable Qualification	Previous research experience in related field.
Age Limit	Not exceeding 35 years as on 6 th September 2024
Emoluments	Consolidated salary Rs. 85090/-per month
Duration	Initially for a period of one year

Instructions to the candidates

1. Interested candidates should submit their duly filled application in the prescribed format along with supporting documents directly by hand or post addressed to “**Principal Investigator, ICMR OSCC POCT**”, **Room No. 710, Department of Oral and Maxillofacial Pathology, Phase. 1 building- 7th floor, Maulana Azad Institute of Dental Sciences, B.S. Zafar Marg, New Delhi-110002, on or before 6th September 2024 by 4 pm.**
2. The candidates will be shortlisted after scrutiny of documents as per eligibility criteria. The shortlisted candidates will be intimated by email/post and they should be prepared for written examination and/or personal interview.
3. The date of interview shall be intimated subsequently.
4. Experience certificate should clearly state the nature of work during the period of employment.

5. No Objection Certificate from current employer.
6. The incumbents selected will have no claim for regular appointments under MAIDS/ICMR or continuation of his/her services in any other project.
7. TA/DA will not be paid for attending written examination and or interview.
8. Applications lacking complete information as per the proforma or failure in submission of copies of relevant documents will be liable to rejection without any communication.
9. 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.
10. In case of any query, kindly contact the undersigned, Ph. 96547009785, between 02.00 to 04.00 pm only from Monday to Friday.
11. No email communications shall be entertained in this regard.

Kindly follow the institutional website for further updates and information
(www.maids.delhi.gov.in)



(Dr. Priya Kumar)

Principal Investigator

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institution under Govt. of NCT of Delhi)

Bahadur Shah Zafar Marg: New Delhi-110002

Affix
Recent
Passport
Size
Photograph

APPLICATION FORM FOR Project Research Scientist I (Medical)

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.	Category-Gen/SC/ST/OBC	
8.	Marital Status	
9.	Examination Passed	

(a) BDS

Name of the Institute & University	Year of Passing Examination	Total Max Marks (Ist to FinalYear)	Total Marks Obtained (Ist to Finalyear)	Marks obtained in percentage%	No. of Attempts

(b) MDS

Name of the Institute & University	Year of Passing Examination	Total Max Marks (Ist to FinalYear)	Total Marks Obtained (Ist to Finalyear)	Marks obtained in Percentage %	No. of Attempts

10. Details of Research/Teaching experience

Place of work- Name of Hospital/Institute With address	Designation	Pay Scale or Gross Salary	Period of employment		Nature of work
			From	To	

11. Academic Awards:

12. Publications:

S. No.	Title	Authors	Name of Journal	Pubmed Indexed or Non Indexed

13.	Documents (Self-attested copies to be attached)	i) Age Proof ii) Caste Certificate (SC/ST/OBC), If applicable iii) BDS Degree with all mark sheets iv) Internship completion Certificate v) Attempt certificate vi) MDS Degree vii) State Dental Council Registration viii) Experience Certificate stating nature of work.
-----	--	---

14. State Dental Council Registration No. & Date with BDS/MDS Degree:

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 : _____

No relevant column of the application form should be left blank, otherwise the application form will be liable for rejection