

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: 20th August 2024

VACANCY NOTICE

Applications are invited for the post of Project Research Scientist-I for the project titled **“Assessment of safety and efficacy of indigenously prepared xenograft to be used for regeneration and repair in humans- An in vitro study”** under DTIH (Dental Technology Innovation Hub) scheme in the Department of Periodontics, 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 2 years.

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|-------------------------|---|
| Name of the Post | Project Research Scientist I |
| No. of post (UR) | 01 |
| Essential Qualification | MDS in Periodontics/ Prosthodontics from a recognized University. |
| Desirable Qualification | Previous research experience in related field. |
| Age Limit | Not exceeding 35 years as on 12th September, 2024 |
| Emoluments | Consolidated salary Rs. 85,090/- 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, DTIH - Indigenous Xenograft”, Room No. 614, Department of Periodontics Phase I building- 6th floor, Maulana Azad Institute of Dental Sciences, B.S. Zafar Marg, New Delhi-110002, on or before 12th 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 is mandatory.
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. 8447961962, between 02.00 p.m. to 04.00 p.m. 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. Farrukh Faraz)
Principal Investigator

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Bahadur Shah Zafar Marg: New Delhi-110002

**Affix
Recent
Passport
Size
Photograph****APPLICATION FORM FOR Project Research Scientist I**

| | | |
|----|--------------------------|---------------|
| 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 (I to Final Year) | Total Marks Obtained (I to Final year) | Marks obtained in percentage % | No. of Attempts |
|---------------------------------------|-----------------------------------|---|--|--------------------------------------|--------------------|
| | | | | | |

(b) MDS

| 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 % | 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 From To | Nature of work |
|---|-------------|------------------------------|------------------------------------|----------------|
| | | | | |

11. Academic Awards:

12. Publications:

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