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

Interested candidates are invited to attend a Walk-in Interview for the post of **Research Associate** on Contract Basis for the Project entitled "**A Randomized Controlled Clinical Trial to evaluate the Efficacy and Safety of Triphala Rasayana and Haridradi Taila Gandusha in Chemo /Radiotherapy induced Oral Mucositis in Oral Carcinoma.**" (Under AYURGAN Scheme. Research and Innovation in AYUSH, Ministry of AYUSH, Government of India) at MAIDS.

Date of Walk-in Interview	**20.04.2026**
Reporting Time	**9:00 AM**
Venue	**Room no. 13, Seminar Room, Ground Floor, Phase-I, MAIDS**

Candidates should bring the duly filled in application form in the prescribed format given below along with the photocopies of certificates and original documents at the time of interview.

The details of the notified post are mentioned below: -

S. No.	Post	Vacancy	Salary	Qualifications & Essentials	Age limit **(as on 20.04.2026)**
1.	Research Associate (RA)	01	58000 + 27% HRA= Rs. 73660 (Approx)	**a) Essential: -** M.D.S – Oral Medicine and Radiology/ Oral Pathology and Microbiology from DCI recognized Dental College **b) Desirable: -** 3 years research/ teaching experience after Master's degree with at least 01 research papers in Science Citation Indexed (SCI) journal	35 years (Relaxation as per rules)

TERMS AND CONDITIONS

1. This post is purely on contract basis. The incumbent will also have no right for the regular appointment.
2. The contract shall be valid for the remaining duration of the project.
3. Age and experience will be reckoned as on the date of Interview.
4. Those whose have Provisional Degree Certificate can also apply for the post.
5. Late/ Incomplete applications shall not be entertained and rejected straight away, without any communication and correspondence.
6. Appointment can be terminated at any time during the engagement from either side after serving a notice period of one month.
7. 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.
8. Candidates already employed should submit a "No Objection Certificate" from their employer at the time of interview failing which he/she will not be allowed to appear in the interview.
9. No TA/DA or other allowances will be paid to the candidate for interview or for joining the post.
10. Leaves shall be as per the ICMR's policy for project.
11. 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.

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

Dr. Sunita Gupta
Principal- Investigator

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MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institution under GNCT of Delhi)

MAMC Complex, B. S. Zafar Marg, New Delhi-110002

Affix Recent Passport Size Photograph

APPLICATION FORM

Applied for Post of - _____

1.	Name **(IN BLOCK LETTERS)**	
1A.	Gender	Male: ☐ Female: ☐
2.	Father/Husband's Name **(In Block Letters)**	
3.	Permanent Address **(In Block Letters)**	
	State	
	Pin No.	
4.	Postal Address **(In Block Letters)**	
	State	
	Pin No.	
5.	Contact Number:	
6.	Email ID	
7.	Date of Birth	

8. Educational Qualifications: *(Enclose self-attested copy of all the marksheets & certificates)*

S.No.	Qualifications	Subjects/ Specialty	Board/ Institute/ University	Year of Passing	Marks Obtained in Percentage
1.	Matriculation				
2.	Sr. Secondary				
3.	Graduation				
4.	Post-Graduation (MDS/ M.Sc.)				
5.	Others				

9. Details of Work Experience: - *(Enclose self-attested copy of its supporting documents)*

Place of Work – Name of Hospital/ Institute/ Clinic with Address	Designation	Pay Scale or Gross Salary	Period of Employment From	To

10. Research Work/ Published work/ Scholarship/ Fellowships: - *(Attach enclosures as supporting documents)*

DECLARATION

hereby declare that the entries in the above columns are true to the best of my knowledge, belief and nothing has been oncealed or misrepresented.

Date:

Signature of the Candidate: _____

Name of the Candidate: _____