

# 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, Email- [directormajids@gmail.com](mailto:directormajids@gmail.com))

(ACADEMIC BRANCH)

No. F.4(69)/MAIDS/Aca./Extern/2022-23/5666

Dated: 9/12/24

## NOTICE FOR EXTERNSHIP

Applications are invited from External Candidates who have passed/are passing final BDS Examination on or before 31.12.2024 and wish to do **internship at Maulana Azad Institute of Dental Sciences, New Delhi against few vacant seats**. Application along with following documents may be submitted to Director-Principal of Maulana Azad Institute of Dental Sciences, New Delhi as per schedule below:-

### LIST OF DOCUMENTS TO BE ATTACHED

1. Application by the candidate giving reasons to do internship at Maulana Azad Institute of Dental Sciences.

2. No objection Certificate from his/her parent institution clearly stating that Institution is recognized by DCI and that during the course of his/her training from admission to his/her passing out, the college was not derecognized by DCI at any time.

3. NOC from the parent dental college authenticated by the enrolled affiliating universities.

4. Character and conduct Certificate of the student from the parent College/Institution.

5. Self Attested photocopy of mark sheets of all the BDS examination (for each part/year) passed.

6. Attempt Certificate of passing BDS (each part/year). **The candidates should have passed all the BDS exams in first attempt.**

7. Documentary evidence, distinction/academic Medal, if any awarded for any subject in University Examination.

8. An undertaking that the student is prepared to do internship **and will deposit Rs. 2,00,000/- (Rs. Two Lakh only) as a Fee if got selected for internship, in the form of Demand Draft in favour of "Director-Principal", MAIDS New Delhi, payable at New Delhi.**

### **IMPORTANT DATES**

Last date submission of application:

**31.12.2024 (Tuesday) up-to 4:00 PM**

Display of List of eligible candidates appearing for interview:

**06.01.2025 (Monday)**

Date of Interview, Venue and result will be displayed with list of eligible.

*Amir*

9. Undertaking that he/she would maintain good conduct, discipline and decorum of the Institution and the authorities of Maulana Azad Institute of Dental Sciences, New Delhi have the right to discontinue his/her internship at any time for his/her misconduct, indiscipline and unsatisfactory work.
10. Two passport size photographs, one affixed on the application form and one stapled.

**NOTE**

1. Training Fees of Rs. 2,00,000/- (Rupees Two Lakh only) to be paid by the selected candidates before the start of internship. The fee is non-refundable after the training is starts.
2. Application without requisite documents as per notice will be summarily rejected and no extension will be granted for submission of any documents.
3. Complete application form in the prescribed format alongwith the documents must reach on or before 31.12.2024 upto 04:00pm directly or by post, addressed to "**The Director-Principal, Maulana Azad Institute of Dental Sciences, Bahadur Shah Zafar Marg, New Delhi-110002.**" The applicants must fill in the prescribed form only available on the website. No application will be entertained after 31.12.2024 at 4:00 PM. The Institute will not be responsible for any delay on account of postal delivery or delivery through any other agency.
4. Internship will be allowed for one year as per DCI guidelines. Part internship will not be permissible in any case.
5. This notice may be treated as NOC for applying for doing externship in MAIDS.
6. The vacancies are liable to vary (increase and decrease) and final vacancies will be notified at the time of declaration of result.



Director - Principal,  
MAIDS



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(Contact No.: 011-23233884, 23235211, Extn. No. 1155, 1156, Email- [directormaid@gmail.com](mailto:directormaid@gmail.com))

## APPLICATION FORM FOR INTERNSHIP YEAR 2024-25

(Forms to be filled by candidate in his/her own hand writing in Block Letters)

|                                                                           |                              |   |  |       |
|---------------------------------------------------------------------------|------------------------------|---|--|-------|
| 1                                                                         | Name of the Applicant        | : |  | Photo |
| 2                                                                         | Father's Name                | : |  |       |
| 3                                                                         | Date of Birth                | : |  |       |
| 4                                                                         | Present Address              | : |  |       |
|                                                                           | Permanent Address            | : |  |       |
| 5                                                                         | Phone No.                    | : |  |       |
| 6                                                                         | Email ID                     | : |  |       |
| 7                                                                         | Academic Qualification (BDS) |   |  |       |
| Name & Address of the Institute/College from where doing BDS              |                              |   |  |       |
| Whether the college/Institute was derecognized during the study. (Yes/No) |                              |   |  |       |
| Name of University with Address                                           |                              |   |  |       |

| <b>BDS Examination Passed</b> | <b>Year of Passing</b> | <b>Marks Obtained</b> | <b>Total Marks</b> | <b>No. of Attempts in Passing BDS</b> |
|-------------------------------|------------------------|-----------------------|--------------------|---------------------------------------|
| <b>I BDS</b>                  |                        |                       |                    |                                       |
| <b>II BDS</b>                 |                        |                       |                    |                                       |
| <b>III BDS</b>                |                        |                       |                    |                                       |
| <b>IV BDS</b>                 |                        |                       |                    |                                       |
| <b>TOTAL</b>                  |                        |                       |                    |                                       |

I, solemnly declare that the statements made by me in this form are true and correct to the best of my knowledge and belief. If at any stage, it is found that facts have been concealed or misrepresented by me, my candidature for Internship may be treated as cancelled.

**Signature of the Candidate** : .....

**Name in Block Letters** : .....