



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-registrarmaids@yahoo.com)

F.No.4(115)/MAIDS/Extern/2026/4955

Dated: 13-10-2026

NOTICE FOR EXTERNSHIP

Applications are invited from External Candidates who have passed/are passing final BDS Examination on or before 30.10.2026 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 Registrar 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 (with in 300 words).
2. **No Objection Certificate** from his/her parent institution clearly stating that Institution is recognized by NDC/DCI and that during the course of his/her training from admission to his/her passing out, the college was not derecognized by NDC/DCI at any time. NOC from the parent institute should be authenticated by the affiliating university
3. Character and conduct Certificate of the student from the parent College/Institution.
4. Self Attested photocopy of mark sheets of all the BDS examination (for each part/year) passed.
5. Attempt Certificate of passing BDS (each part/year). **The candidates should have passed all (year of) BDS exams in first attempt.**

IMPORTANT DATES

Last date submission of application

30.10.2026 (Friday) up-to 2:00 PM

Display of List of eligible candidates
appearing for interview

03.11.2026 (Tuesday)

Date of Interview

06.11.2026 (Friday)

Venue

Conference Room, 1st Floor, MAIDS,
New Delhi

Declaration of Result

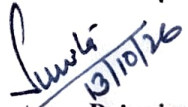
09.11.2026 (Monday)

**Start of Internship w.e.f. 16.11.2026
(Tentative).**

6. Documentary evidence of distinction/academic Medal, if any awarded for any subject in University Examination.
7. Submit two passport size photographs, one to be affixed on the application form and other to be provided along with the form.
8. Undertaking:
 - a) that the student is prepared to undergo internship and will deposit Rs. 2,00,000/- (Rs. Two Lakh only) as a training Fee if selected for internship, in the form of Demand Draft in favour of "Director-Principal", MAIDS New Delhi, payable at New Delhi.
 - b) that he/she will follow the rules & regulations of internship program.
 - c) 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.
 - d) That on completion of 12 months rotatory internship, MAIDS will provide Internship Completion Certificate for Clinical Training Period of 12 months only. No claim what so ever will be made for degree from MAIDS/University of Delhi. The trainee will get his/her degree from parent institute/university.

Conditions

1. Training Fees of Rs. 2,00,000/- (Rupees Two Lakh only) to be paid by the selected candidates before the start of internship which is non refundable.
2. Application without requisite documents as per advertisement will not be entertained.
3. No application will be entertained after 30.10.2026 at 2:00 PM. The Institute will not be responsible for any delay on account of postal delivery or delivery through any other agency.
4. **Rotatory Internship will be for one year period only as per NDC/DCI guidelines (BDS Ordinance).**
5. Internship Completion Certificate will be issued by MAIDS on satisfactorily completion of One Year Rotating Internship.
6. No hostel accommodation will be provided. The candidate will make his/her own arrangement of stay during the internship program.
7. The selected external student will be paid stipend of Rs. 3,000/- per month only during the internship period in MAIDS.


13/10/26
**Director – Principal,
MAIDS**

CHECKLIST OF DOCUMENTS FOR EXTERNSHIP

1.	Application by the candidate giving reasons to do internship at Maulana Azad Institute of Dental Sciences (within 300 words).	
2.	No Objection Certificate from his/her parent institution clearly stating that Institution is recognized by NDC (DCI) and that during the course of his/her training from admission to his/her passing out, the college was not derecognized by NDC (DCI) at any time.	
3.	NOC from the parent and transferee 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.	Submit two passport size photographs, one to be affixed on the application form and other to be provided along with the form.	
9.	Undertaking: a) that the student is prepared to do internship and will deposit Rs. 2,00,000/- (Rs. Two Lakh only) as a training Fee if selected for internship, in the form of Demand Draft in favour of "Director-Principal", MAIDS New Delhi, payable at New Delhi. b) that he/she will follow the rules & regulations of internship program and will not be allowed extension of internship period. c) 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.	

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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 2026-27

(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.	Name & Address of the Institute/College from where pursuing BDS			
8	Whether the college/Institute was derecognized during the study. (Yes/No)			
9	Name of University with Address			

10	BDS Examination Passed	Year of Passing	Marks Obtained	Total Marks	No. of Attempts in Passing BDS
	I BDS				
	II BDS				
	III BDS				
	IV BDS				
	TOTAL				

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 :