

**MAULANA AZAD INSTITUTE OF DENTAL SCIENCES**

**(An Autonomous Institution under Govt. of NCT of  
Delhi) Bahadur Shah Zafar Marg, New Delhi-110002**

**Phone : +91-11-23233925 Fax : +91-11-23217081**

**Dated: 16.08.2024**

**VACANCY NOTICE**

Applications are invited for the post of Project Research Scientist-I (Medical) for the project titled **"Development and Design of Novel Prosthetic Total Temporomandibular Joint (TMJ) Reconstruction System in Patients with Temporomandibular Joint Disorder."** under ICMR-CAR scheme in the Department of Oral and Maxillofacial Surgery, 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 Post	Project Research Scientist I (Medical)
No.of.Posts	01
Essential Qualification	MDS in Oral and Maxillofacial Surgery
Desirable Qualification	Previous research experience in related field.
Age Limit	Not exceeding 35 years as on last date of application submission.
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 CAR TJR PROJECT", Room No. 126, Department of Oral and Maxillofacial Surgery Phase. 1<sup>st</sup> building- 1<sup>st</sup> floor, Maulana Azad Institute of Dental Sciences, B.S. Zafar Marg, New Delhi-110002, on or before **2<sup>nd</sup> 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 the interview shall be intimated subsequently.
4. The 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 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. 9654958541,  
between 02.00to 04.00 pm only from Monday to Friday.

11. No email communications shall be entertained in this regard.

12. Kindly follow the institutional website for further updates and information  
([www.maids.delhi.gov.in](http://www.maids.delhi.gov.in)).

  
Principal Investigator

**Dr. SUJATA MOHANTY (MD)**  
**Professor & H.O.D**  
**Oral & Maxillofacial Surgery**  
**Maulana Azad Institute of Dental**  
**Sciences, New Delhi-110002**

**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: <span style="float: right;">Female:</span>
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:

SNo.	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.

