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: 13th November 2026

WALK-IN INTERVIEW NOTICE

Interested candidates are invited to attend a Walk-in Interview for the post of Project Research Scientist-I (Medical) under ICMR extramural Adhoc project titled **'Development of Point-of-Care Test Kit for Diagnosis of Patients with suspected Oral Squamous Cell Carcinoma,'** in the Department of Oral and Maxillofacial Pathology, 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.

Date of Walk-in Interview	20.11.2026
Reporting Time	9:00 AM : Document verification 10:30 AM: Interview
Venue	Room no 701, Phase-2, 7TH Floor, MAIDS

Candidates should bring the duly filled in application form in the prescribed format given below along with 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 27.04.26)
1	Project Research Scientist-I (Medical)	01	67000/- + 30% HRA	**Essential Qualification:** MDS in Oral and Maxillofacial Pathology from a recognized University. **Desirable Qualification:** Previous research experience in related field.	Not exceeding 35 years as on 20.11.2026

TERMS AND CONDITIONS

1. This post is purely on contract basis. The incumbent will also have no right for 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. Candidates with Provisional Degree Certificate can also apply.

5. Late/Incomplete applications shall not be entertained and rejected straight away, without any communication and correspondence.

6. Appointment can be terminated with one month notice from either side.

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 "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 will be paid to the candidate for interview or for joining the post.

10. Leaves shall be as per ICMR 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. Priya Kumar

(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	

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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

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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: _____

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