M. A. I. D. S.

Contact No. 011-23233884, 23235211,
Ext. No. 1155, 1156, Fax: 011-23217081

Govt. of NCT of Delhi

Maulana Azad Institute of Dental Sciences

"M.A.I.D.S. Complex, B.S. Zafar Marg, New Delhi - 110002"

(ADMINISTRATIVE BRANCH)

NOTICE

Dated : 23/07/2024

Recruitment of NABH Co-Ordinator (Contract Basis)

Applications in the prescribed form are invited to fill up one post of NABH Co-ordinator on contract basis for as period of one year or till the post is filled up on regular basis, whichever is earlier on the consolidated remuneration of Rs. 56,100/- + applicable DA as on date per month on the basis of minimum of the pay matrix level-10 (Rs. 56,100 - 1,77,500).

Eligibility :

a) Passed **MBBS**/BDS from a recognized University alongwith Diploma in Hospital Administration or certification in Health Care Quality Assessment from QCI.

b) Application having an aggregate of 55% and above in **MBBS**/BDS course are eligible to apply.

Age Limit :

Below 40 years as on last date of submission of application, Relaxation to SC/ST/OBC will be allowed as per rules. OBC candidates must submit the certificate issued from GNCT of Delhi only, otherwise he/she will be treated as General.

Fee Payable :

Rs. 1000/- for General/OBC candidates and Rs. 500/- for SC/ST candidates. The fee should be paid in the form of Demand Draft in favour of Director – Principal, Maulana Azad Institute of Dental Sciences, Payable at New Delhi.

Mode of selection :

a) The selection will be made through interview of shortlisted candidates.
b) The Candidates with past experience of Hospital Management and NABH activities shall be given preference.

How to apply :

Complete application in the prescribed format alongwith the documents and fee must reach on or before 31/07/2024 upto 1:00 PM directly or by post, addressed to "The Director – Principal, MAIDS, Room No. 116, 1st Floor, BS Zafar Marg, Maulana Azad Institute of Dental Sciences, New Delhi. Application form is available on the website of MAIDS i.e. www.maids.delhi.gov.in. The application must be filled in the prescribed form only as available on the website. The Institute is not responsible for any delay if any either on the part of candidate or delivery agency.

Documents to be attached :

Self attested copies of certificate in support of age, caste, experience, valid registration with State Dental Council, Marks statements of **MBBS**/BDS passed, **MBBS**/BDS Degree, Two passport size photographs, Demand Draft.

Note : Certificates for awards, medals, certificate of honors in original & copies of publications, if any be brought by the candidates at the time of interview.

Note : No TA/DA will be paid for interview.

Opening date : 23/07/2024.

Last date of receipt of application : 31-07-2024

Director-Principal

Postal Delay or any Delay for Delivery Through other Agency Not be Acceptable.

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Maulana Azad Institute of Dental Sciences

(An Autonomous Institute under Govt. of NCT of Delhi)

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(ADMINISTRATIVE BRANCH)

APPLICATION FORM

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

Post applied for : NABH Co-ordinator (Contract Basis)

01.	Name of the applicant (in block letters)	
02.	Father's / Husband's name	
03.	Permanent Address	
04.	Address for communication	
05.	Contact Nos. (Res.	Mobile :
06	E-mail Id	
07	Date Of Birth	Date Month Year
08	Age as on 31/07/2024	Date Month Year
09	Nationality	
10	Category (SC/ST/OBC/Gen) OBC candidates must submit the certificate issued from GNCT of Delhi only, otherwise he/she is treated as General.	
11.	Academic/Technical/Professional Qualifications (MBBS/BDS/others)	

i	MBBS/BDS Examination Passed	Name of Institution & University	Year of Passing	Division % of marks	No. of Attempts in Passing MBBS/BDS
ii	I MBBS/BDS				
iii	ii MBBS/BDS				
iv	iii MBBS/BDS				
v	iv MBBS/BDS				
			Overall Percentage		
vi	Others		i)		
			ii)		
			iii)		
12.	Experience (if, any)				
13.	Draft details				
i	Amount				
ii	Name of the issuing Bank				
iii	Draft No.				
iv	Issuing date				
13.	Date of completion of internship				
14.	MBBS Registration No. from Delhi Medical Council				
	BDS State Dental Council Reg. No. & State where registered.				
15.	Work experience after MBBS/BDS				

Name of employer	Designation of Post Held	Pay Scale	Period of employer	Last Pay drawn

NOTE:

Attach self attested copies of certificates in support of age, educational qualifications, experience, caste (SC/ST/OBC), one passport size photograph. The Institute is not responsible for any postal delay or delay on the part of any delivery Application received after last date will not be entertained.

UNDERTAKING

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 the post may be treated as cancelled.

Place : _____

Date : _____

Signature of the Candidate: _____

( )

Name in Block Letters