



M. A. I. D. S.

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)

Email: directormajds@gmail.com, registrarmajds@yahoo.com

Opening Date: 15/12/2025

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Closing Date: 30/12/2025

NOTICE

Subject: Recruitment for the post of Assistant Professors in the various Dental Speciality in the pay matrix level-11 Rs. 67,700/- to Rs. 2,08,700/- purely on contract basis for a period of 44 days only.

Maulana Azad Institute of Dental Sciences, New Delhi an autonomous body under Govt. of NCT of Delhi invite applications for Assistant Professor (Dental) in the following disciplines **purely on contract basis on consolidated monthly remuneration** for a period of 44 days only or till the regular incumbent joins the post, whichever is earlier.

Date of submission of application	15 th December, 2025
Last date submission of application	30 th December, 2025
Declaration of eligible candidates for computer based online screening test	Shall be displayed on website of MAIDS i.e. www.majds.ac.in
Date of Computer base screening test	
Issue of Admit Card	
Declaration of result of screening test	

THIS WILL BE FOLLOWED BY INTERVIEW OF SHORTLISTED CANDIDATES.

Assistant Professor (Conservative Dentistry & Endodontics)	<u>02 Post</u>	<u>Educational & Other Qualification:</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Conservative Dentistry and Endodontics. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
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Assistant Professor (Dental Anatomy)	<u>01 Post</u>	<u>Educational & Other Qualification:</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Oral Pathology. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Forensic Odontology)	<u>01 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. Master degree in Forensic Odontology from a recognized University after BDS. OR Fellowship in Forensic Odontology (minimum 1 year course) after MDS (any specialty). 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality in a Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Oral & Maxillofacial Surgery)	<u>02 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Oral and Maxillofacial Surgery. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Oral Medicine & Radiology)	<u>02 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of

		Oral Medicine and Radiology. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Oral Pathology & Microbiology)	<u>01 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Oral Pathology and Microbiology. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Pedodontics & Preventive Dentistry)	<u>02 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Pedodontics and Preventive Dentistry. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Periodontology)	<u>01 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Periodontics. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.

Assistant Professor (Prosthodontics Crown & Bridge)	<u>03 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Prosthodontics and Crown and Bridge. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.
Assistant Professor (Public Health Dentistry)	<u>02 Post</u>	<u>Educational & Other Qualification</u> 1. A Qualification included in Part I or Part II of the Schedule of Dentistry Act 1948 (Act 16 of 1948). 2. A Post Graduate Degree from a recognized University/ Institute or Equivalent in the subject of Public Health Dentistry. 3. Four (4) years teaching Experience after Post Graduation in the concerned speciality from a recognized Dental College. 4. Should be registered with State Dental Council.

1. **Remuneration:** on the basis of Basic Pay of the minimum of the Pay Matrix Level i.e. Level – 11 + all others allowances including NPA. The contractual appointee will not be allowed any financial benefits or concessions as admissible to Govt. employees. Income Tax will be deducted at source on monthly basis.
2. The decision of the selection committee will be final in this regard.
3. **Age Limit:** Not exceeding 45 years (relaxation as per rules).
4. **Mode of selection:** The Selection will be made through Computer based written screening test which would be qualifying only, followed by interview (Only those candidates who qualify the written screening test, will be called for interview) (Qualifying Marks for UR/EWS-50%, OBC-45%, SC/ST/PwD-40%). However, out of the maximum number of qualified candidates in written screening test who shall be called for interview shall not be more than three (03) times the number of vacancies. Qualifying Screening Test does not confer selection. Candidates called for interview will be formally evaluated on the basis of their performance both in screening test and interview.
5. **How to Apply:** The application form can be downloaded from the MAIDS website i.e. www.maids.delhi.gov.in. Complete application in the prescribed format along-with all

relevant self-attested documents and fee must reach on or before 30/12/2025 up-to 4.00 P.M. in an envelope super-scribed in bold letters “**Application for recruitment of to the post of Assistant Professor-----**” (name of speciality to be filled by candidate) directly or by post, addressed to “**The Director-Principal, Room No. 501, 5th Floor, Phase – II Building, Maulana Azad Institute of Dental Sciences, MAMC Complex, Bahadur Shah Zafar Marg, New Delhi-110002**”. MAIDS shall not be responsible for delay in receipt of application by postal authorities or by the Courier Company. Therefore, candidate should plan accordingly.

6. **Documents to be attached:** Self attested copies of certificate in support of Age, Caste, Qualification, Experience, State Council Registration and two passport size photographs etc. (Research papers need not be added with application)
7. They shall not be entitled to any TA/DA for joining against the post.
8. He is liable to be posted to any set up managed by MAIDS.
9. The appointing authority reserves the right to assign any duty as and when required within the Institution. No extra allowances shall be admissible for such assignments.
10. The appointment to the post of Assistant Professor is purely on Contractual basis, initially for a period of 44 days from the date of their joining against the offered post. The appointment can be extended as applicable, if the candidates so desires in writing, subject to availability of vacancy and satisfactory work and conduct which is duly recommended & forwarded by the concerned HOD or till the joining of regular Assistant Professor, whichever is earlier.
11. Appointment of Assistant Professor on contractual basis is 44 days will not stake/claim over the post and wherever regular appointment joins. His/Her service will be terminated without any notice.
12. He/She must have valid registration certificate issued by State Dental Council or should have applied for State Dental.
13. Experience certificate will only be issued after the NO DUES CERTIFICATE from all concerned along-with leave record.
14. The leave admissible to the Contractual Assistant Professor will be 3½ days paid leave for 44 days of service rendered by them. In case of unauthorized/wilful absence of duties more than 07 days, the appointment shall be terminated without assigning any reason. No salary will be paid for any kind of unauthorized absence/strike period.
15. Selected candidates shall be allowed to join immediately or maximum within 07 days of issue of the offer letter failing which the offer shall be stand automatically cancelled. Hence, only those candidates who can join immediately need to apply.
16. The appointment will be further subject to :
 - a. The production of certificates of fitness from the resident medical practitioner.

- b. Submission of attested copies of all the certificates of appointment he/she will be required to taken oath of allegiance to constitution of India to take solemn affirmation to the office in the prescribed Proforma.
- c. The crucial date for determining the age limit and other eligibility criteria shall be the closing date for receipt of online applications from candidates in India i.e.
- d. Mere submission of application does not confer any right to the candidate for being called for interview
- e. A candidate should submit only one application for one post. In case candidates apply for more than one post then he/she will be considered only for one post.
- f. MAIDS reserves the right to decide about the rejection or otherwise in respect of applications received Incomplete, unsigned, applications received without the certified copies of essential documents in support of age, educational qualification, experience, category etc.
- g. Wrong declarations/submission of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.
- h. In case applications received after the last date of receipt will not be considered.
- i. The Corporation takes no responsibility for any delay in receipt or losses in postal transit of any application or communication.
- j. Before applying for the post, the candidate should ensure that he / she fulfils the eligibility criteria mentioned above. The Corporation would be free to reject any application at any stage of selection process if the candidate is found ineligible for the post for which he has applied.

No TA/DA will be paid for written test and interview.

**Sd/
(Prof. (Dr.) Arundeeep Kaur)
Director-Principal**

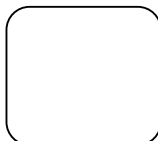
MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institution under GNCT of Delhi)

MAMC Complex, B. S. Zafar Marg, New Delhi-110002

(Tel No. 23233883, 23233925 Fax: 23217081,

Email: directormaid@gmail.com, registrarmaids@yahoo.com



Affix Recent
Passport Size
Photograph

Application Serial No.

(For office use only)

APPLICATION FORM FOR THE POST OF **“ASSISTANT PROFESSOR” (DENTAL)**

Mention Speciality : _____

1.	Name (IN BLOCK LETTERS)								
2.	Gender		Male:	☐	Female:	☐			
3.	Father/Husband's Name (In Block Letters)								
4.	Permanent Address (In Block Letters)								
	State								
	Pin No.								
5.	Postal Address (In Block Letters)								
	State								
	Pin No.								
6.	Contact no. Details								
	Home		Office (if any)			Mobile No.			
7.	Email ID (In Block Letters)								
8.	Date of Birth (with documentary evidence)		Date		Month		Year		
9.	Age as on closing date of application		Date		Month		Year		
10.	A citizen of India by birth and or by domicile (Tick the relevant column)		By Birth				Domicile		
	If citizen of India by domicile, attach documentary evidence.								

11.	Educational Qualification						
Name of the examination	Subject/ Discipline/ Specialty	University/ College/ Institute/Board	Date of completion of course	Month & Year of Passing final examination	No. of Attempts	Duration of course	
Xth							
XIIth							
B.D.S.							
M.D.S.							
M.Sc/Ph.D							
Any other examination							
12.	Experience/employment details						
Name of the organization		Date of joining		Date of leaving		Name of the post held	
Whether on Adhoc/ Contract/ Regular Basis		Nature of work (Teaching/ Research or Patient Care)		Pay Scale and Present Basic Pay or consolidated		Reason for leaving the job	
13.	Designation/Post wise Period of Experience	From		To		Duration of Period	
		1.		1.			
		2.		2.			
		3.		3.			
	Total Experience : Year Month(s) Day(s)						
14.	Research work and available Published material, if any, mention the details and enclose reprint thereof.						

15.	Publication and Research Work (Give No. only)		
Research Papers			
	Published	Under Publication	Author/ Communicating Author
a). Index Journals			
b). Non-Indexed Journals			
Books			
a). Text Books			
b). Edited Books			
c). Educational Books			
Chapter in Books			
Abstracts			
a). Indexed Journals			
b). Non-Indexed Journals			
16.	List of publication in support of the aforesaid figures should be enclosed.		
17.	Project as Chief Investigator :		
	Source of funding	Year	Total Amount
18.	Awards, Fellowship and membership of professional bodies (Attach documentary proof)		
19.	Membership of Editorial boards of indexed international journals/Review Committees/ National bodies and Institutions (Attach documentary proof)		
20.	Subject [Contributions made towards the development of new unit/ specialty/ laboratory/ facility programs/therapeutic or diagnostic procedures developed or patents taken (enclosed evidence)]		
21.	Contributions in community State & National programmes:		

22.	Describe your most notable contribution in Teaching and Research in 200 words :		
23.	In your understandings top 10 priority required areas for the MAIDS:		
24.	Attach self attested photocopies of the following certificates/documents in the order as mentioned below :-		
a.	10 th Class Certificate in r/o date of birth.		
b.	Certificates of the qualification as mentioned in Sl. No. 11 of the application form.		
c.	Experience certificate after completion of P.G. degree/PhD as mentioned in Sl. No. 12 of this application form.		
d.	Cast certificate (if applicable).		
e.	State Dental Council Registration Certificate.		
f.	Two Passport size photographs (one to be affixed on form and one separately).		
25.	Draft Details		
	Amount	Bank Draft No.	Bank Draft Date
			Name of the issuing Bank with address
26.	Valid State Dental Council Registration No.		

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/appointment.

Place :

Signature of the Candidate in the above box

Date :

**Full Name of the Candidate in the above box
(In block letters)**

- * **Should not be left vacant otherwise application is liable to be rejected**
- * **No TA/DA will be paid for written test or interview.**