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.: 011-23233884, Extn. No. 1156, 1155, Fax. 011-23217081 (Email- directormaids@gmail.com)

F.13(2)/MAIDS/CA/2022/ 5262

Dated: 30/11/23

SHORT TERM CLINICAL ASSISTANTSHIP FOR BDS GRADUATES

| Aim | To provide opportunity for clinical assistance in differentDental Specialties. |
|------------------------------|---|
| Vacancy | Ten seats for four months period only. |
| <u>Eligibility</u> | Must have passed BDS from Dental Institute recognized by DCI. <u>Internship should be completed in between 16.12.2021 to</u> <u>15.12.2023</u>). Registered with State Dental Council |
| <u>Fee for Assistantship</u> | Rs. 1 lakh for 4 month's Assistantship, Fee is not refundable. |
| <u>Guidelines</u> | i. Selection would be strictly on the basis of percentage of total marks obtained in BDS examinations (all 4 years) and performance during interview. ii. Maximum period of Assistantship shall be <u>4 months</u> only and willnot be extended. iii. Candidate can choose specialties of Assistantship at his/her own in maximum two clinical subjects. This is subject to award of specialty during counseling, as per merit. iv. Preference would be given to candidates residing in Delhi. |

Interested candidates may submit their applicationby post or by hand on prescribed format at Room No. 116, Administration Branch, First Floor, MAIDS, New Delhi-110002 with following documents:-

- i) Self attested copies of mark sheets of I,II,III & Final year BDS.
- ii) Self attested copy of Certificate regarding completion of internship.
- iii) Proof of residence of Delhi (Passport/Voter I-Card/Aadhar Card) self attested copy.
- iv) Self attested Attempt Certificate.
- v) Valid State Dental Council registration certificate (Self attested copy).
- vi) Any other relevant testimonial/ document including merit certificates/medals.

All candidates have to bring all their required documents in original at the time of Interview and should report as per schedule enclosed.

Director-Principal, MAIDS

Clinical Assistantship

IMPORTANT DATES

| Opening Date | 02.12.2023 (Saturday) | |
|---|---|--|
| Last date for Submission of Application | 15.12.2023 (Friday) upto 04:00 PM | |
| Display of list of Eligible Candidates for Interview | 18.12.2023 (Monday) on official website i.e. <u>www.maids.delhi.gov.in</u> | |
| Date and Venue of Interview | 20.12.2023 (Wednesday) (10:00 AM), Conference Room, 1 st Floor, MAIDS. | |
| Display of Selected Candidates List | 22.12.2023 (Friday) on official website i.e. <u>www.maids.delhi.gov.in</u> | |
| Counselling for allotment of Dental specialities | 26.12.2023 (Tuesday) (11:00 AM), Conference Room, 1 st Floor, MAIDS. | |
| Commencement of Clinical Assistantship | 01.01.2024 (Monday) | |

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(APPLICATION FOR PAID CLINICAL ASSITANTSHIP)

(FOR THE PERIOD 01stJanuary, 2024 to 30th April, 2024) (Forms to be filled in by candidate in his/her own hand writing in Block letters)

| 1. | Full Name of the Applican (IN BLOCK LETTERS) | t: | |
|----|--|----|--|
| 2. | Father's Name | : | |
| 3. | Address | : | |
| | | | |
| 4. | Mobile No. | : | |
| 5. | Nationality | : | |
| 6. | Date of Birth | : | |
| 7. | Marital Status | : | |
| 8. | E-mail Id | | |

Academic Qualifications

- 9. Name of University (BDS) :-
- 10. Name of College (BDS) :-
- 11. Year of Passing (BDS) :-
- 12. State Dental Council Registration No. & Date :-

| Year | Max. Marks | Marks obtained | Percentage | No. of attempts in passing BDS |
|------------|------------|----------------|------------|--------------------------------|
| I Year | | | | |
| II Year | | | | |
| III Year | | | | |
| Final year | | | | |
| Total | | | | |

13. In order of preference please mark 03 choices as 1st, 2nd & 3rd:-

| Oral Surgery | Prosthodontics | Conservative Dentistry | |
|--------------|----------------|------------------------|--|
| Orthodontics | Pedodontics | Periodontics | |

SIGNATURE OF THE CANDIDATE

e,

NAME IN BLOCK LETTER: _____