

M. A. I. D. S.

Contact No. 011-23233884, 23235211, Ext. No. 1155, 1156

Govt. of NCT of Delhi

Maulana Azad Institute of Dental Sciences

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

NOTICE

Recruitment on Short Term Contract Basis under National Resource Centre for Oral Health and Tobacco Cessation

Opening Date of receipt of applications: 20-10-2023 (Friday)

Closing Date of receipt of applications : 06-11-2023 (Monday)

National Resource Centre for Oral Health and Tobacco Cessation (NRC-OH-TC) is recognized as a single point contact for assistance in developing, implementing and advancing the scope of dental health professionals in tobacco cessation for addressing patient care, research and capacity building along with integration in dental education.

Applications are invited for the following posts to be filled on **Short Term Contract Basis** under National Resource Centre for Oral Health and Tobacco Cessation at Maulana Azad Institute of Dental Sciences, New Delhi from the Eligible candidates.

| S.NO. | NAME OF POST | NO. OF VACANCIES | METHOD OF SELECTION |
|-------|---------------------------|---------------------|--|
| 1. | Senior Research Fellow | 01 posts | The Shortlisted candidates will be selected through Screening Test followed by Interview. As far as possible candidates three times the number of vacancies will be called for the interview. Qualifying the written test does not mean selection. Candidates will be selected on the basis of their performance in written test and interview both. |
| 2. | Data Entry Operator | 01 posts | The Shortlisted candidates will be selected through Screening Test followed by Interview. The Candidates will be shortlisted after scrutiny of documents as per eligibility criteria. The short listed candidates will be called for Typing Test followed by Interview. Candidates three times the number of vacancies will be called for the interview. |

Note:

- Completed application in the prescribed format along with the self-attested documents must reach on or before 06-11-2023 up to 4:00 PM directly by hand or by Indian Post only.
- List of eligible and non- eligible along with date of written examination shall be displayed on Official website www.maids.delhi.gov.in

Director-Principal MAIDS

ELIGIBILITY CRITERIA

| S. No. | Name of the post | Consolidated Contractual Remuneration per month | Essential Qualification | Desirable | Age Limit |
|-----------|------------------------------|--|---|--|----------------|
| 1. | Senior Research Fellow | Rs. 44,450/- per month | B.D.S. Degree from recognized University/Institution Valid Registration with State Dental Council One year experience of working in Government public health related projects. | 1. Added Public Health related qualifications from recognized University/Institute 2. Basic Knowledge of computer (MS Office) and computer based applications | Up to 35 years |
| 2. | Data Entry Operator | Rs. 22,146/- per month | Graduate Degree in any Field. Basic Knowledge of computer and computer based applications. Typing Speed of 35 words per minute in English on Computer. Two years experience of working in Government Office/Programs or a reputed Institution. | Basic knowledge of computers (MS Office) and Computer based applications | Up to 30 years |

ENCLOSURES:

- 1. Self-attested BDS/ Graduate degree, Other Qualifications Marks Cards and Degree Certificates
- 2. Self-attested Work Experience and Certificates
- 3. Self-attested Age Proof- any Government approved document (Like as Voter ID Card, Aaadhar Card Etc.)
- 4. Self-attested Any other Additional Qualifications

INSTRUCTIONS:

- The posts are for the project "National Resource Centre for Oral Health and Tobacco Cessation" and the Ministry of health and Family Welfare, Govt. Of India is to provide the Grant-in-Aid for the project for a short term contract basis. The incumbent will also have no right for the regular appointment.
- Duration of Contract is <u>ONLY</u> for <u>ONE YEAR</u>. It may be extended based on performance and other relevant criteria for a maximum of Two years.
- Completed Application Forms along with necessary documents should reach <u>Maulana Azad</u>
 Institute of Dental Sciences, New Delhi Room No: 116, 1st Floor, M.A.I.D.S. Complex, B.S.

 Zafar Marg, New Delhi 110002 by 04.00 pm on 06-11-2023 (Monday).
- Age and experience will be counted till the last date of closure of applications.
- The post applied for should be marked clearly on top of the application form.
- Applications lacking complete information as per the proforma or failure in submission of copies
 of relevant documents will be liable to be rejected without any communication.
- 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.
- Competent Authority will scrutinize the applications and only short listed Candidates shall be called for further evaluation as "Call for Written Test/Skill Test and/or Interview" shall be displayed on the Institutional Website.
- No travelling or other allowances will be paid to the candidate for interview or for joining the post.
- The decision of the Competent Authority regarding selection of the candidate will be final and no representations will be entertained in this regard.
- A list of Selected Candidates as well as Wait list candidates shall be displayed on the Institutional Website.
- In case of any query kindly email at nrc.tccmaids@gmail.com or contact Dr. Saundarya Priyadarshini- (Ph. No.-8093997186) between 10.00 AM to 03.00 PM only from Monday to Friday.

"The institute will not be responsible for any postal delay on the part of any delivery agency "Kindly follow the Institutional Website for further updates and information (www.maids.ac.in)



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Recruitment on <u>Short Term Contract Basis</u> under National Resource Centre for Oral Health and Tobacco Cessation

Applied for the Post of "Senior Research Fellow"

| | | | Duly affix Photograph |
|----------------------------|------------|--------------------|-------------------------------|
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| | | | |
| Name of the Institution | University | Course duration | Division/ Grade % of Marks |
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| | Mob. No | Mob. NoRe | Name of the University Course |

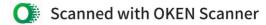
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| (Attac | s of relevant Publications: ch first page of article)(Ma | y 5 indoved releve | ntnublications | , anles) |
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| S.No | Publication Title | Journal Title | Year of | Indexing Details |
| 1. | | | | |
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| Γrainii | ng/ Short Courses Attended: | | | |
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| Award | s and Achievements : | | | |

- 2. State Dental Council Registration-Valid
- 3. Self-attested Work Experience Certificates
- 4. Self-attested Age Proof- any Government approved document (Like as Voter ID Card, Aaadhar Ca Etc.)
- 5. Self-attested Any other Additional Qualifications

| Signature | Charles and the second and the secon |
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| Name: | |





UNDERTAKING

| lhereby 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. The Institutions from where I have passed above mentioned degree course, |
| is recognized by Dental Council of India/Recognized University under MCI/DCI/UGC |
| Approved. |
| Dated: |
| |
| Signature: |
| Name : |



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Recruitment on **Short Term Contract Basis** under National Resource Centre for Oral Health and Tobacco Cessation

Applied for the Post of "Data Entry Operator" Duly affix Name Photograph Father's Name Age as on Category Mob. No._____Res. No. ____ Contact No. Email-id Permanent Address Correspondence Address: **Qualifications** Division/ Course University Name of the S. No. Academic Grade % of duration Institution Qualification Marks Experience: Responsibilities Designation Organization To From (Min. 30 and Max. 50 (MM/YY) (MM/YY)Words)

Total Experience (in years)

| Training/ Short Courses Attended | : |
|--|--|
| Any other information | : |
| Certificates 2. Self-attested Work Experien | Government approved document (Like as Voter ID Card, |
| | Signature: Name: |
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| <u>U</u>) | N D E R T A K I N G |
| information furnished is/are foun | eby declare that above-mentioned particulars are ge and belief. Should at any point of time the id incorrect then my candidature is liable to be. The Institutions from where I have passed above ized by Government Agencies. |
| Dated: | |
| | Signature: |
| | Name: |