



M. A. I. D. S.
Govt. of NCT of Delhi

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Maulana Azad Institute of Dental Sciences

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

NOTICE

Interested candidates are invited to attend a Walk-in Interview for the post of **Junior Research Fellow** on Contract Basis for the Project entitled "**A Randomized Controlled Clinical Trial to evaluate the Efficacy and Safety of Triphala Rasayana and Haridradi Taila Gandusha in Chemo /Radiotherapy induced Oral Mucositis in Oral Carcinoma.**" (Under AYURGAN Scheme, Research and Innovation in AYUSH, Ministry of AYUSH, Government of India) at MAIDS.

Date of Walk-in Interview	21.08.2025
Reporting Time	9:00 AM
Venue	Room no. 13, Seminar Room, Ground Floor, Phase-I, MAIDS

Candidates should bring the duly filled in application form in the prescribed format given below along with the 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 21.08.2025)
1.	Junior Research Fellow (JRF) <u>Tenure- Initially for 1 year</u>	01	As per ICMR guidelines (Consolidated Rs.44,450/-)	a) Essential: M.Sc. degree in Lifesciences/ MD Biochemistry with a minimum of 55% marks from an accredited University. b) Desirable: Hands-on experience in Molecular work	28 years

TERMS AND CONDITIONS

1. This post is purely on contract basis. The incumbent will also have no right for the regular appointment.
2. **Duration of Contract** is for a period of **01 YEAR** initially and extendable upto the maximum duration of the project.
3. Age and experience will be reckoned as on the date of Interview.
4. Those whose results are awaited can also apply for the post.
5. Late/ Incomplete applications shall not be entertained and rejected straight away, without any communication and correspondence.
6. Appointment can be terminated at any time during the engagement from either side after serving a notice period of one month.
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 a "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 or other allowances will be paid to the candidate for interview or for joining the post.
10. Leaves shall be as per the Ministry of AYUSH 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. Sunita Gupta
Principal- Investigator

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: <input type="checkbox"/> Female: <input type="checkbox"/>
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	

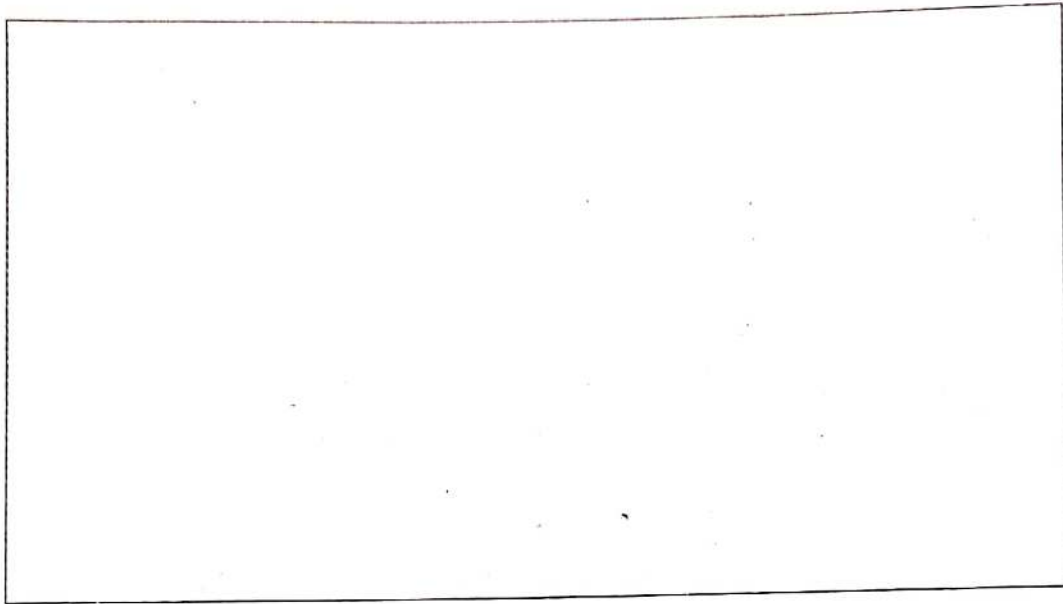
8. Educational Qualifications: *(Enclose self-attested copy of all the marksheets & certificates)*

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

10. Research Work/ Published work/ Scholarship/ Fellowships: - (Attach enclosures as supporting documents)



DECLARATION

I hereby declare that the entries in the above columns are true to the best of my knowledge, belief and nothing has been concealed or misrepresented.

Date:

Signature of the Candidate: _____

Name of the Candidate: _____