



M. A. I. D. S.

Contact No. 011-23233884, 23235211,
Ext. No. 1514

Govt. of NCT of Delhi

Maulana Azad Institute of Dental Sciences

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

Recruitment on contract basis under National Health Mission (NHM)- Mobile Dental Clinic Project

Closing date of receipt of applications: 22/03/2018 (At 4.00 PM)

Sl. No.	Name of the post	Consolidated Contractual Remuneration per month	Essential Qualification	Experience	Age Limit	Source of RR	Programme/ Division source
01.	One Public Health Dental Consultant/ Public Health Dentist	Rs. 63,000/-	1. B.D.S Degree from recognized university with diploma or degree in Public Health Dentistry/MPH/MDS in Public Health Dentistry. 2. Registered with Delhi Dental Council 3. Two years experience of working in a Dental College/Hospital/Health System	Essential : 1. 02 year experience of work in a Government Project	45 years	Approved by DSHM	Mobile Dental Clinic Project

INSTRUCTIONS AND ENCLOSURES:

1. Self attested BDS Marks Cards and Degree Certificate
2. Self attested MDS/MPH Marks Card and Degree Certificate
3. Self attested Work Experience Certificate
4. Any other additional qualifications
5. Demand Draft of Rupees One Thousand should be favouring “NRHM MOBILE DENTAL CLINIC PROJECT” payable at Delhi.
6. Completed Application Forms along with necessary documents should reach Maulana Azad Institute of Dental Sciences, Room No: 116, M.A.I.D.S. Complex, B.S. Zafar Marg, New Delhi – 110002 by 04.00 pm on 22/03/2018.
7. In case of any query kindly contact DR.SWATI JAIN- 9870324442 between 09.00 am to 04.00 pm only from Monday to Saturday.



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Applied for the Post of “**One Public Health Dental Consultant/Public Health Dentist**”

Duly affix
Photograph

Name : _____

Father's Name : _____

D.O.B. : _____

Age as on 06/03/2018 : _____

Category : _____

Contact No. : Mob. No. _____ Res. No. _____

Email-id : _____

Permanent Address : _____

Correspondence Address: _____

Demand Draft Details: An Amount Rs. 1000/- in favor of NRHM Mobile Dental Clinic Project payable at Delhi.

Bank Draft details :

Bank Draft No. _____ Dated _____ Amount Rs. 1000/-

Name of the issuing bank with Address _____

Qualification : _____
No of Years of Experience : _____
Any other information : _____

Signature _____

Name : _____

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. The Institutions from where I have passed B.D.S /M.D.S/MPH course, is recognized by Dental Council of India/Recognized University under MCI/DCI/UGC Approved.

Dated:

Signature: _____

Name _____