

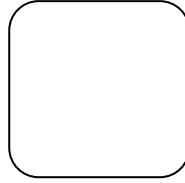
MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

(An Autonomous Institution under GNCT of Delhi)

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

(Te.l No. 23233883, 23233925 Fax: 23217081,

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



Affix Recent
Passport Size
Photograph

Application Serial No.

(For office use only)

APPLICATION FORM FOR POST OF (With Speciality)

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 no. Details						
	Home	Office (if any)			Mobile No.		
6.	Email ID (In Block Letters)						
7.	Date of Birth (with documentary evidence)	Date		Month		Year	
8.	Age as on closing date of application	Date		Month		Year	

9.	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.						
10.	Category of the Applicant (SC/ST & OBC to submit documentary proof)					
	General	SC	ST	OBC <i>(OBC candidate must be from GNCT of Delhi with valid non creamy layer certificate)</i>		
11.	Educational Qualification					
Name of the examination	Subject/ Discipline/ Specialty	University/ College/ Institute	Date of completion of course	Month & Year of Passing final examination	No. of Attempts	Duration of course
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/ speciality/ 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.**