



M. A. I. D. S.

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

Duly affix
Photograph

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 **Short Term Contract Basis** under National
Resource Centre for Oral Health and Tobacco Cessation
Applied for the Post of “**Research Officer**”

Post Applied for: _____

Name : _____
Father's Name : _____
D.O.B. : _____
Age as on 21-05-2021 : _____
Contact No. : Mob. No. _____ Res. No. _____
Email-id : _____
Permanent Address : _____

Correspondence Address: _____

Qualifications (Technical/Professional):

S. No.	Academic Qualification	Name of the Institution	University	Course duration	Division/ Grade % of Marks

Experience:

From (MM/YY)	To (MM/YY)	Organization	Designation

Total Experience (in years): _____

Details for Online Transfer of Application Processing Fees of Rs. 800/-

- BANK NAME: CANARA BANK
- BRANCH ADDRESS: MAMC CAMPUS, NEW DELHI-110002
- ACCOUNT NAME: NRC ORAL HEALTH TC
- ACCOUNT NO: 90682010138404
- IFSC CODE: CNRB0019068
- MICR CODE: 110015415

DETAILS OF ONLINE TRANSFER OF APPLICATION PROCESSING FEES

NEFT/RTGS UTR No: _____

Date of Transaction: _____

Bank from where Transaction is made: _____

Place: _____

Details of relevant Publications: (Attach first page of article) (Max 5 indexed relevant publications only)

S.No	Publication Title	Journal Title	Year of Publication	Indexing Details
1.				
2.				
3.				
4.				

5.

Training/ Short Courses Attended:

Awards and Achievements:

Enclosures: Self attested Scanned copies of Age, Experience, Valid Registration with State Dental Council, Internship Certificate, Marks statements of Bachelors/ MDS/ and Other Qualifications if any.

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 above mentioned degree course, is recognized by Dental Council of India/Recognized University.

Dated:

Signature: _____

Name _____

Note: Complete scanned application form and relevant documents in SINGLE HIGH RESOLUTION PDF FILE should be mailed to nrc.tccmaids@gmail.com .