



**MEDICAL SERVICES DEPARTMENT
NEW DELHI MUNICIPAL COUNCIL**

Applications are invited through "Walk-In-Interview" for engagement of **Senior Resident(Dental)** in Pay Matrix Level 11 (Rs.67700- Rs. 71800) and other allowances as admissible against following vacant posts in various specialities as per schedule below:

No. of Vacant posts: 05.

S. No.	Department	Vacancy	UR	SC	ST	OBC	PwD	EWS
1.	Orthodontics	01	Nil	Nil	Nil	01	Nil	Nil
2.	Prosthodontics	01	01	Nil	Nil	Nil	Nil	Nil
3.	Oral Surgery	01	01	Nil	Nil	Nil	Nil	Nil
4.	Pedodontics	01	Nil	01	Nil	Nil	Nil	Nil
5.	Endodontics	01	Nil	Nil	Nil	Nil	Nil	01
Total No. of Posts		05	02	01	Nil	01	Nil	01

The number of Posts may vary at the time of Interview

Note: - Eligible candidates are required to register enrolments on 05.04.2024 between 09.00A.M. to 11.00A.M. in the Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021.

Director (MS) reserves the right to vary these vacancies including increase or decrease or cancellation of filling up of vacancies.

TERMS & CONDITION

- 1.** The candidates are required to bring the duly filled Application form in CAPITAL LETTER provided at Annexure-A, and the Original documents alongwith self attested photocopies of the following documents

[Handwritten Signature]

- a) Proof of date of birth : Birth certificate/matriculation certificate
- b) Degree of BDS
- c) Certificate/Degree of MDS.
- d) DDC certificate/Receipt of Application to DMC
- e) Category certificate i.e. SC/ST/OBC/PwD/EWS as per GOI rules.

1. **Elegibility for Senior Resident:** -
 - a) BDS with P.G. Degree-MDS in the relevant speciality from a recognized university or equivalent qualification recognized by Dental Council of India (DCI). In case such candidates are not available, BDS with 03 years experience in relevant field may be considered for the post.
 - b) Those who have completed three (03) year Senior Residency in any Govt. Hospital/Institution including regular/ad-hoc period need not apply.
 - c) Delhi Dental Council (DDC) Registration is mandatory at the time of joining.
2. **Appointment & Tenure:** The tenure of appointment is purely temporary initially for a period of 01 year, extendable up to a maximum period of 03 years subject to the satisfactory performance.
3. **Emoluments Per Month:** Salary based under 7th CPC level-11 of pay matrix, on the Revised Basic Pay of Rs. 67700/- + NPA + Usual allowances as admissible.
4. **Age as on 31.03.2024:** Not more than 45 years.
 - a) The age is relaxable for SC/ST/OBC/PwD candidates as per the Govt. of India Rules; however, candidates have to produce a valid SC/ST/OBC/PwD certificate in prescribed Performa in regard to the claim.
 - b) OBC candidates should submit valid OBC certificate vide OM No.36036/2/2013-Estt.(Res.I) dated 31.02.2016 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi with Non Creamy Layer Certificate.
5. Selection for appointment is purely on performance in the interview.
6. Number of Post advertised may be increased or decreased without further intimation.
7. The Director (MS), New Delhi Municipal Council reserves the right to fill or not to fill any of the posts.



8. No T.A. / D.A. will be paid for appearing in the interview.
9. The appointment can be terminated by either party by giving a notice period of one month in advance during pendency of engagement.
10. The Competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason.
11. Jurisdiction of Dispute: In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.



Director (Medical Services)

Annexure-A**Speciality Subject:****CHARAK PALIKA HOSPITAL
MOTI BAGH NEW DELHI****APPLICATION FORM FOR THE POST OF SENIOR RESIDENT (DENTAL)
(TO BE FILLED BY CANDIDATE IN CAPITAL LETTERS ONLY)**

1. Name of the Candidate:
2. Father's/Husband Name:
3. Date of Birth & Age:
4. Postal Address:
-
-
5. Permanent Address:
-
6. (A) Aadhaar No. (B) PAN No.
7. DDC Registration No. Validity
8. Category Gen./SC/ST/OBC/PwD/EWS:
9. Mobile No. Alt. Mobile No.
10. E-mail (in Capitals only):
11. Whether PwD: Yes/No.
12. Particulars of exam passed
(MDS with details of attempt in all proof.)

Paste your
recently
photograph
and signature
across

Name of Exam	Year of Passing	Percentage of Marks	No. of attempts	Institute/College & University

I solemnly declare that the above statements made by me in this form are correct and true to the best of my knowledge and nothing has been concealed thereof.

(Signature of Applicant)

Place:

Date:

