

**TERMS & CONDITION AND SELECTION CERITERIA FOR ENGAEMENT
OF SHORT TERM CLINICAL TRAINING PROGRAMME FOR BDS
GRADUATES IN DENTAL CLINIC, DHARAM MARG OF NDMC**

1. **Vacancy:** - 08 (eight) seats.
2. **Fee for Training:** - ₹ 75,000/- for 6 month's training. Fee is not refundable.
3. **Eligibility:** - Must have passed BDS from Dental Institute recognized by DCI.
4. Registered with State Dental Council.
5. **Tenure of appointment:** - The appointment is purely on temporary basis for the period of six months only.
6. **Selection criteria for engagement:**
 - a) Selection would be strictly on the basis of percentage of total marks obtained in final BDS examination.
 - b) B.D.S. Degree including internship completed from recognized Govt./Pvt. Institution on or before 31.12.2016.
 - c) Marks obtained in the final year examination.
 - d) 2% weightage of marks will be given to those who passed BDS from Govt. Institutions.
 - e) Number of attempts (for every additional attempt, a deduction of 2% of marks from aggregate marks).
 - f) Maximum period of Assistantship shall be of 6 months only and will not be extended.
 - g) One seat may be earmarked for the ward of NDMC employee on merit.
 - h) For rest of the 07 seats, reservation roaster shall be followed as per govt. policy.
7. Original documents/ certificates are required to be brought along to be verified at the time of the interview.
8. Appointment will be subject to verification of the documents and medical fitness and as per the above mentioned terms & conditions.
9. NDMC may cancel the appointment of any candidate during the tenure without assigning any reason.



Director (Medical Services)

Annexure-I

**DEPARTMENT OF MEDICAL SERVICES
NEW DELHI MUNICIPAL COUNCIL**
Charak Palika Hospital, Moti Bagh-I, New Delhi – 21
director.medical@ndmc.gov.in

(APPLICATION FOR PAID CLINICAL TRAINING PROGRAMME)

**(Forms to be filled in by candidate in his/her own hand writing in
Block letters)**

1. Full Name of the Applicant : _____
(IN BLOCK LETTERS)
2. Father's/ Husband's Name : _____
3. Address : _____

4. Phone No. : Resi. _____ Mob. _____
5. Nationality : _____
6. Date of Birth : _____
7. Marital Status : _____

8. **Academic Qualifications** :-

Examination passed (BDS)	Board/ university	Name of college	Year of passing	Year	Max. Marks	Marks obtained	Percentage	No. Of attempts in passing BDS
				1 st Year				
				2 nd Year				
				3 rd Year				
				Final year				
				Total				

9. Fees for Assistantship : Rs. 75,000/- (Rupees Seventy five thousand only) for 06 months Fee is not refundable
10. Enclosed all requisite documents/ Certificate alongwith application.
- a. 10th Certificate for age proof.
 - b. Copies of Mark sheets of 1st, 2nd , 3rd, and Final year BDS,
 - c. Internship Completion Certificate.
 - d. Registration with State Dental Council.
 - e. Certificates of attempts.
 - f. Proof of Resident of Delhi (Aadhar Card/Passport/Voter I. Card).
 - g. Certificate, Medals, Honours, Conference attended, Papers Presentation and Poster etc. (Attach extra sheet if necessary).

Signature of Candidate

Name in Block Letters: _____

Address: _____

Contact No.: _____