

**DEPARTMENT OF MEDICAL SERVICES  
NEW DELHI MUNICIPAL COUNCIL**

Charak Palika Hospital, Moti Bagh-I, New Delhi-21  
[director.medical@ndmc.gov.in](mailto:director.medical@ndmc.gov.in)

**SHORT TERM CLINICAL TRAINING PROGRAMME FOR BDS GRADUATES**

- Aim** - To provide opportunity for clinical assistance in different Dental Specialties viz **Oral Surgery, Prosthodontic & Orthodontics.**
- Vacancy** - **Three (03)** seats for six months period only.
- Eligibility** - i/ Must have passed BDS from Dental Institute recognized by DCI.  
ii/ Registered with State Dental Council.
- Fee for training** - ₹ **75,000/-** for **6 (six)** months training programme, fee is not refundable.
- Guidelines** - i/ Selection would be strictly on the basis of percentage of total marks obtained in BDS examinations (all 4 years) and performance during interview.  
ii/ B.D.S. Degree including internship completed from recognized University/Institution between 01.02.2014 to 31.01.2016.  
iii/ Maximum period of Assistantship shall be **6 (six) months** only and will not be extended.  
iv/ Preference would be given to wards of residents of Delhi

Interested candidates may apply on prescribed format with following documents:-

- I. Self attested copies of mark sheets of I, II, III & Final BDS.
- II. Self attested copy of Certificate regarding completion of internship.
- III. Proof of residence of Delhi (Passport/Voter I-Card/Aadhaar Card) self attested copy.
- IV. Registration with State/Delhi Dental Council (Self attested copy).
- V. Any other relevant testimonial/document including merit certificates/medals.

*Delhi*  
17/2/16

## **IMPORTANT**

The candidate must bring the filled application form as per format given in **Annexure-I** and also paste recent passport size photograph self attested on it & should report for a 'Walk-in-Interview' on 24.02.2016.


**VENUE:** Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021.

**REPORTING DATE & TIME: 24.02.2016 & 08.30 AM to 10.30 AM** for verification of certificates and other particulars to the office of the H.A. Branch, Administrative Block, 1<sup>st</sup> Floor, NDMC, Charak Palika Hospital, Moti Bagh-I, N. Delhi-110021.

**INTERVIEW DATE:** 24.02.2016.

Candidate must attach attested/self attested Photocopies of their Mark Sheets, Certificates and Degrees etc. with the application form.

**Candidate is required to produce all Original Mark sheets/ Certificates/Degrees/Internship Completion Certificate and valid State Dental Council Registration at the time of interview.**

  
Director (MS)

Dr. Arun Sahai  
CMO (Medical), N.D.M.C.  
Charak Palika Hospital  
Moti Bagh-I, New Delhi-110021

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(Tel. No: 011-26114466, 26870934)

**(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. Permanent 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	%	No. of attempts in passing B.D.S.
				Ist Year				
				II <sup>nd</sup> Year				
				III <sup>rd</sup> Year				
				Final Year				
				<b>Total</b>				

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. Copies of Mark sheets of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and Final year BDS.
- b. 10<sup>th</sup> Certificate for age proof.
- c. Internship Completion Certificate.
- d. Proof of Resident of Delhi (Aadhar Card/Passport/Voter I. Card).
- e. 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:** \_\_\_\_\_