

**FACULTY OF DENTISTRY**  
JAMIA MILLIA ISLAMIA (A Central University)  
MAULANA MOHAMMAD ALI JAUHAR MARG, NEW DELHI-110025  
(TEL No.: 011-26982006 (Extn. No. 500, 501), Fax. 011-26982006, Email- fdn@jmi.ac.in)

**SHORT TERM CLINICAL ASSISTANTSHIP FOR BDS GRADUATES**

<b>Aim</b>	-	To provide opportunity for Clinical Assistance in different Dental Specialties.
<b>Vacancy</b>	-	Ten seats for four months period only.
<b>Eligibility</b>	-	i/ Must have passed BDS from Dental Institute recognized by DCI. <b><u>(Internship within last two years (i.e. on or after 31.10.2022).</u></b> ii/ Registered with State Dental Council
<b>Fee for Assistantship-</b>		Rs. 25000/- per month for four months. The entire fee amount has to be paid in advance. The fee once paid is not refundable.
<b>Guidelines</b>	-	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/ Maximum period of Assistantship shall be <b><u>4 months</u></b> only and will not be extended. iii/ Candidates can choose specialties of Assistantship of his/her own CHOICE in maximum two clinical subjects. <b>This is subject to award of specialty during counseling, as per merit. The selected candidate will be offered Clinical Assistantship in only two Subjects (for 2 months in each subject)</b> iv/ No Hostel accommodation will be provided. v/ No honorarium shall be paid to the selected candidates during the period of Clinical Assistantship. vi/ The candidates shall have no claim of employment (Permanent or contractual) at Jamia Millia Islamia. vii/ It is binding on the selected candidates to follow the rules & regulations of Jamia Millia Islamia. The Clinical Assistantship may be terminated in case of breach of any regulation laid down in Act, Statutes & Ordinances of Jamia Millia Islamia. viii/ The decision of the Competent Authority of JMI shall be final.

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

- i/ Self attested copies of Mark Sheet of I,II,III & IV year of BDS.
- ii/ Self attested copy of Certificate regarding completion of Internship.
- iii/ Proof of residence (Passport/VoterI-Card/Aadhar Card) (self attested copy).
- iv/ Registration with State Dental Council (Self attested copy).
- v/ Any other relevant testimonials/ documents including merit certificates/medals etc.

**NOTE:** The last date for submission of complete Application Form in the office of the Dean, Faculty of Dentistry is 05.11.2024. Interview of shortlisted candidates will be held on 18.11.2024 at 11:00 AM at the venue. Thereafter, the late comers will not be entertained. The list of selected candidates will be displayed on the University's website ([www.jmi.ac.in](http://www.jmi.ac.in)) &/ or on Notice Board of Faculty of Dentistry. No separate interview letter will be sent.

-Sd-  
Registrar,  
JMI

*Keypalica*  
17.10.2024

# Clinical Assistantship Schedule

## Opening date

*Friday 18<sup>th</sup> October, 2024*

## Last date for submission of Application Form

*Tuesday, 05<sup>th</sup> November 2024 upto 4:00 P.M.*

## Display of list of shortlisted Candidates on Jamia website

### & Notice Board of Faculty of Dentistry

*Tuesday, 12<sup>th</sup> November, 2024 after 5:00 P.M.*

## Date & Time of Interview

*Monday, 18<sup>th</sup> November, 2024 at 11:00 A.M.*

## Venue

*Conference Room, Faculty of Dentistry, JMI*

## Display of list of selected candidates on Jamia website &

### Notice Board of Faculty of Dentistry

*Thursday, 21<sup>th</sup> November, 2024*

## Counselling for allotment of specialties

*Monday, 25<sup>th</sup> November, 2024 at 11:00 AM*

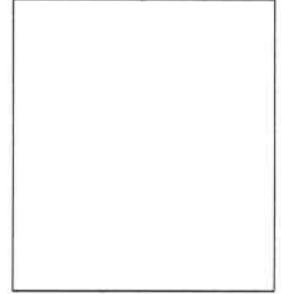
## Commencement of Clinical Assistantship

*Monday, 02<sup>st</sup> December, 2024*

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**(APPLICATION FOR CLINICAL ASSISTANTSHIP)**

**(FOR THE PERIOD 01<sup>st</sup> December, 2024 to 31<sup>th</sup> March, 2025)**  
(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. Sex : \_\_\_\_\_
3. Father's/ Husband's Name : \_\_\_\_\_
4. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Phone No. : Resi. \_\_\_\_\_ Mob. \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_
8. Marital Status : \_\_\_\_\_
9. **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
				Ist Year				
				II Year				
				III Year				
				IV Year				
				<b>Total</b>				

09. Date of Internship completion -
10. Date of registration with state Dental Council -
11. In order of preference, please mark all choices as 1 to 9 in the specialties mentioned below:-
- |                           |                          |                         |                          |                        |                          |
|---------------------------|--------------------------|-------------------------|--------------------------|------------------------|--------------------------|
| Oral Surgery              | <input type="checkbox"/> | Prosthodontics          | <input type="checkbox"/> | Conservative Dentistry | <input type="checkbox"/> |
| Orthodontics              | <input type="checkbox"/> | Pedodontics             | <input type="checkbox"/> | Periodontics           | <input type="checkbox"/> |
| Oral Medicine & Radiology | <input type="checkbox"/> | Public Health Dentistry | <input type="checkbox"/> | Oral Pathology         | <input type="checkbox"/> |
12. Fees for Assistantship : Rs. 1,00,000/- (Rupees One Lakh only) For 04 months  
Fee is not refundable
13. Enclosed all requisite documents/ Certificate alongwith application.
- Copies of Mark sheets of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> year of BDS.
  - 10<sup>th</sup> Certificate for age proof.
  - Internship Completion Certificate.
  - Proof of Residence (Aadhar Card/Passport/Voter I. Card).
  - Certificate, Medals, Honours, Conference attended, Papers Presentation and Poster etc. (Attach extra sheet if necessary).
  - Registration certificate with State Dental Council.

**SIGNATURE OF THE CANDIDATE**

**NAME IN BLOCK LETTER:** \_\_\_\_\_