GOVT. OF PUDUCHERRY INSTN. PONDICHERRY - 605 006

MAHATMA GANDHI

POSTGRADUATE INSTITUTE OF DENTAL SCIENCES

Advt. No. 03/MGPGI/Estt./E1/2021-2022

EMPLOYMENT NOTIFICATION

Applications in the prescribed proforma as available on the websites **https://mgpgi.py.gov.in** and **https://mgpgi.edu.in** are invited from the eligible candidates, who are residents of Union Territory of Puducherry for engagement of 5 posts of Junior Residents (Non-PG) (Tenure Post) in Dentistry in Mahatma Gandhi Posgraduate Institute of Dental Sciences, Puducherry.

No. of Posts	:	5 Nos.				
Educational and other	:	(a) Should possess BDS Degree recognized by DCI.				
qualification required		(b) Should have completed one year compulsory Internship or completing CRRI.				
		(c) Should be registered in State Dental Council, U.T. of Puducherry.				
Consolidated Pay/Month	:	₹ 20,000/-				
Duration of Residentship	:	One year only				
Age Limit	:	Between 18 and 32 years				
Method of Recruitment	:	Selection will be made based on the final year marks secured by the applicants, who have undergone BDS Course in this Institution.				

Note :

- 1. The post of Junior Resident (Non-PG) in Dentistry is Tenure post.
- 2. Age and Experience will be reckoned as on the last date of the receipt of the applications.
- 3. Selected candidates shall report for duty immediately. **Extension of joining time strictly not permitted**.
- 4. Registration Fee :

A non refundable Registration fee of ₹ 500/- (₹ 250/- for SC/ST) by way of Demand Draft drawn in any of the Nationalised Banks in favour of the DEAN, Mahatma Gandhi Postgraduate Institute of Dental Sciences, payable at Puducherry must be enclosed alongwith the application form. Cheque / Postal Orders and Cash are not acceptable. Invalid demand drafts will entail disqualification of the application.

- 5. The candidate must ensure before applying that they fulfill the essential qualifications and requirements.
- 6. Qualification, Experience, age and other requirements must be invariably supported by relevant documents.
- 7. Applications which are incomplete or without required DD / testimonials / certificates etc. shall be rejected straightaway and no correspondence will be entertained in this regard.
- 8. Completed applications in all respects with photograph, self attested copies of certificates, mark lists, number of attempts in which the candidates passed the Degree and other testimonials etc. should reach the "DEAN, MAHATMA GANDHI POSTGRADUATE INSTITUTE OF DENTAL SCIENCES, GORIMEDU, PUDUCHERRY 605 006" on or before <u>31.01.2022</u>. The application should be sent in an envelope superscribed as "APPLICATION FOR THE POST OF JUNIOR RESIDENTS (NON-PG) IN DENTISTRY". This Institution shall not be responsible for any postal delay.
- 9. Canvassing in any form by or on behalf of the candidates will disqualify his / her candidature.

(By Order of the Hon'ble Chief Minister / Chairman, MGPGI)



MAHATMA GANDHI POSTGRADUATE INSTITUTE OF DENTAL SCIENCES GOVT. OF PUDUCHERRY INSTN. PONDICHERRY - 605 006

<u>APPLICATION FORM FOR ENGAGEMENT OF JUNIOR RESIDENTS (NON-PG) IN</u> <u>DENTISTRY(TENURE POST) IN MAHATMA GANDHI POSTGRADUATE INSTITUTE</u> <u>OF DENTAL SCIENCES, PUDUCHERRY</u>

(Candidates are advised to read the employment notification carefully and then fill up the application in all respects. No column should be left blank. Incomplete application shall be rejected).

1.	(a) Name (in Blo	ock letter)	:			 Affix a r	recent
	(b) Father's / Hu	usband's Name	:			 passport	size
	(c) Permanent a	ddress	:			photograph signed by candidate	
	(d) Address f			Mahila N	I.e		
	(d) Address I	for correspondence	•	Tel. No. :	lo.:		
				- Fax No. :			
	PIN			_			
2.	Date of Birth	:		3. Sex			
3.	Marital Status	:					
4.	Nationality:	_					
5.	Whether Nativ	e/Resident of Pud	ucherry	:			
6.	Religion			:			
7.	Community			:			
8.	Registration Fe	ee payment details	:				
Dema	and Draft No.	:	Am	ount Rs.			
Date		:					
Name	e of the Bank	:					
Place		:					
						2/	

6. Essential Educational Qualifications required for the post (Please enter from SSLC/Matriculation / Higher Secondary to Degree)

Sl. No.	Qualification	Name of the Board/University/Institution	Max Marks	Marks Obtained	No. of Attempts	Month &Year of Passing
1	2	3	4	5	6	7

7.	Registration details of Dental Council of India						:	
	a.	R	egistration No. & Date				:	
	b.	R	egistered in which State	e			:	
8.	 a) Clinical Experience (in Hospital) (Experience certificate from the concerned employers must be enclosed) 					oncerned	:	
	b)	Emo	luments in the present	pos	sitio	n	:	
9.	Employment Registration Details						:	
		(a)	Registration No.	:				
		(b)	Date of Registration	:	(i)	SSLC		:
					(ii)	HSC		:
					(iii)	Degree		:
		(c)	Date of Next Renewal	l :				
10.	Any other information						:	

DECLARATION

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son / daughter / wife of

hereby solemnly declare that the information made in this application as above are correct and complete to the best of my knowledge and belief and that no material information has been concealed or suppressed and if there has been suppression of any factual information, my service can be terminated, if selected.

Place :

Date :

Signature of the applicant