

**GOVT. OF N.C.T. OF DELHI
MAHARISHI VALMIKI HOSPITAL
POOTH KHURD, DELHI-110039.**

F.1(1-ii)/2/MVH/2020/ 1624-28

Dated:- 19/5/26

NOTICE FOR SELECTION OF JUNIOR RESIDENT (DENTAL) ADHOC

Applications are invited (attached herewith) from Indian Nationals to conduct Walk In Interview for the appointment of Junior Resident [Dental] under Residency Scheme in this hospital, Purely on Adhoc basis initially for a period of 89 days or till the regular incumbent joins whichever is earlier subject to receipt of satisfactory work & conduct report.

1. VACANT POSTS

A. JUNIOR RESIDENT [DENTAL]

Gen	OBC	SC	ST	Total	Remarks	Date of Walk In Interview
1	-	-	-	1	On Adhoc Basis for 89 days or till the regular incumbent joins whichever is earlier	24-06-2026

2. ELIGIBILITY FOR THE POST OF JUNIOR RESIDENT [DENTAL]

- A. **Qualification:-** BDS degree from recognized university/institute. Must not have completed One Year Junior Residency in any recognized/Govt. institute/hospital in India on Regular or Adhoc basis.
- B. **Age:-** Below 30 years as on **24-06-2026**.
- C. **Pay Scale:-** Basic of Rs. 56100/- in Pay Matrix 10 of 7th CPC plus other allowances as admissible.
- D. **Internship:-** **Must have completed internship after 24-06-2024**
- E. Must be registered with Delhi Dental Council. Candidates registered with any State Dental Council will also be considered for interview. However, such candidates shall have to register themselves with Delhi Dental Council.

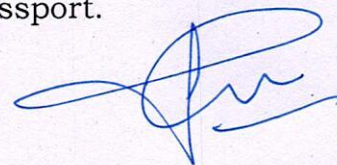
CONDITION FOR RECRUITMENT:

- All the eligible candidates should report in the office of the undersigned at 9:30 A.M. [Time for enrollment from 9:30 AM to 11.30AM only) on the day of interview. No candidate will be entertained after 11:30 AM.
- The appointment and services shall be governed under Residency Scheme or any other extant order/circular issued by Health & Family Welfare time to time.
- No TA/DA & Accommodation for stay in Delhi will be paid/provided for appearing for Interview.



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4. The period for which a candidate has already worked in any Govt. Hospital as Junior Resident (Dental) will be deducted from the maximum period of one year of Junior Residency. Those who have already worked for a period of one year in any Govt. hospitals are not eligible.
5. Persons with disabilities shall be accorded relaxation as per extant orders/circulars/rules.
6. Hostel accommodation is compulsory for Junior Residents.
7. Original documents are to be produced at the time of interview.
8. Candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before appearing the interview.
9. Other service conditions will be applicable as per service conditions prescribed from time-to-time by the Govt. of NCT of Delhi.
10. Jurisdiction of Dispute- In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi.
11. Application form is attached herewith this Notice for Walk In Interview further no such application form shall be provided at the time of Walk In Interview.
12. Check list for arranging/annexing requisite documents along with application form is also annexed herewith in following order:-
 1. Date of Birth Certificate (1⁰th Class)
 2. Registration Certificate Dental Council of India/State Dental Council.
 3. BDS Degree.
 4. Attempt Certificate
 5. Internship Completion Certificate.
 6. Marks-Sheets of all four years.
 7. Aadhar Card/Voter Card/Driving Licence/Valid Passport.



(DR. JITENDRA KUMAR)
MEDICAL SUPERINTENDENT/HOD

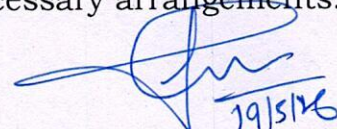
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1624-28

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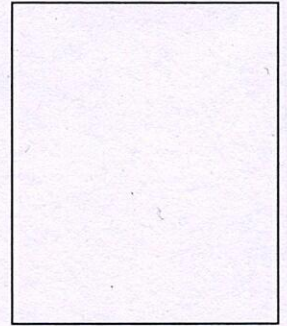
1. The Directorate General, Directorate General of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi.
2. Programmer, Directorate General of Health Services, Delhi, progdhs.delhi@nic.in with the request to up load the above notice on the website.
3. P.S. to M.S. email the same on above mentioned e-mail ID & upload on the website of MVH.
4. C.T. Branch with the direction to make to suitable necessary arrangements.
5. All Notice Boards.



(DR. JITENDRA KUMAR)
MEDICAL SUPERINTENDENT/HOD

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**GOVT. OF NCT OF DELHI
MAHARISHI VALMIKI HOSPITAL
POOTH KHURD, DELHI-110039.**



NAME OF THE POST: _____

[APPLIED FOR]

SPECIALITY: _____

NOTE- KINDLY ENSURE TO FILL THE APPLICATION FORM IN CAPITAL LETTERS ONLY

1. NAME OF THE APPLICANT : _____
2. FATHER'S/HUSBAND'S NAME : _____
3. ADHAAR No. : _____
4. DATE OF BIRTH : _____
5. PERMANENT ADDRESS : _____
: _____
: _____
6. ADDRESS FOR CORRESPONDENCE: _____
: _____
: _____
: _____
7. MOBILE NOS. _____
8. Email ID _____
9. CATEGORY : UR/OBC/SC/ST/PH
10. Nationality _____

11. EDUCATIONAL QUALIFICATION AFTER MATRICULATION: _

EXAM PASSED	YEAR	BOARD/UNIVERSITY	NO. OF ATTEMPTS IN MBBS

12. DATE OF COMPLETION OF INTERNSHIP : _____
[FOR JUNIOR RESIDENT ONLY]

13. REGISTRATION NO. AND DATE OF : _____
REG. IN DELHI MEDICAL COUNCIL

14. HOSTEL ACCOMODATION REQUIRED : YES / NO
[IN CASE OF SENIOR RESIDENT]

15. ADDITIONAL INFORMATION/EXPERIENCE, IF ANY: _____

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

Copies of Relevant Documents are to be **STRICTLY** attached in the following order :-

CERTIFICATE	Please Mark Tick against relevant column
Date of Birth Certificate (1^{0th} Class)	
Registration Certificate Dental Council of India/State Dental Council.	
BDS Degree.	
Attempt Certificate	
Internship Completion Certificate	
Marks-Sheets of all four years	
Aadhar Card/Voter Card/Driving Licence/Valid Passport	
Any other relevant certificate	
Experience Certificate If any	

Date:-

Signature of candidate