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

Phone : 0413 - 2279601 - 2279606
E-mail : mgpgids@gmail.com
dean@mgpgi.edu.in
Website : https://mgpgi.py.gov.in
https://mgpgi.edu.in

Advt. No. 02/MGPGI/Estt./E1/2022-2023/ **Date: 20.02.2023**

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 Postgraduate Institute of Dental Sciences, Puducherry.

No. of Posts	:	5 Nos. (Out of 5, 1 post to be filled in the month of September 2023)
Educational and other qualification required	:	(a) Should possess BDS Degree recognized by DCI. (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	:	22 to 32 years
Method of Recruitment	:	Selection will be made based on the final year marks secured by the applicants.

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) paid through online to the Bank details as follows : -

Bank Name : HDFC Bank Ltd., Pondicherry Main Branch
Account Number : 99900491131784
IFSC Code : HDFC0000407

Demand Draft / Cheque / Postal Orders and Cash payment are not acceptable. Once the payment is made, the UTR number details should be sent to this Institution for record and also mentioned in the application form.

5. The candidate must ensure before applying that they fulfil 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 payment details / 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 **03.03.2023.** 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, MGPGIDS)

DEAN
MGPGIDS

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

(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).

Affix a recent passport size photograph duly signed by the candidate

1. (a) Name (in Block Letters) : _____

   (b) Father's / Husband's Name : _____

   (c) Permanent Address : _____

   _____

   PIN _____

   (d) Address for correspondence : Mobile No. : _____

   _____ Tel. No. : _____

   _____ Fax No. : _____

   _____ E-mail : _____

   PIN _____

2. Date of Birth :
3. Sex :
4. Marital Status :
5. Nationality :
6. Whether Native/Resident of Puducherry :
7. Religion :
8. Community :
9. Registration Fee payment details:

   UTR No. : _____ Amount Rs._____

   Date : _____

   Name of the Bank : _____

   Place : _____

10. 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

11. Registration details of Dental Council of India :

a. Registration No. & Date :

b. Registered in which State :

12. a) Clinical Experience (in Hospital) (Experience certificate from the concerned employers must be enclosed) :

b) Emoluments in the present position :

13. Employment Registration Details :

(a) Registration No. :

(b) Date of Registration : (i) SSLC :

(ii) HSC :

(iii) Degree :

(c) Date of Next Renewal :

14. Any other information :

DECLARATION

I, _____, 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