GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT BHAGWAN MAHAVIR HOSPITAL H-4/5, PITAMPURA, DELHI-110034.

Nc. F3(213)/2017/BMH/Admn/SR-JR/Dental

6244-46 Dated-90/

Dated-90/8/2015

Advertisement

Subject:- Advertisement for the post of Junior Residents on Adhoc Basis in Dental Department Bhagwan Mahavir Hospital.

Applications are invited for recruitment of Junior Resident (Dental) on Adhoc Basis in Bhagwan Mahavir Hospital, Pitam Pura Delhi -110034.

Junior Resident (Dental)

S.No	Name of Speciality	No of vacant post for advertisement on adhoc basis	Total
		General	
1.	J.R (Dental)	1	1

The following schedule will be followed for the selection of JR, Dental (Adhoc Basis).

S.No	Schedule to be followed	Date 25/08/2025	
1	Last date for receiving application along with documents (self attested).		
2	Date of uploading the list of eligible candidates for written examination/screening test of JR dental (Adhoc Basis) on Delhi Government Website (after Scrutiny)	27/08/2025	
3	Date of written exam/screening test of shortlisted candidates of JR Dental (Adhoc Basis)	To be intimated later	
4	Date of Interview of all qualified of JR Dental (Adhoc Basis)	To be intimated later	
	Result will be displayed on Delhi Government We	bsite.	

EDUCATIONAL QUALIFICATIONS:-

For Junior Resident(Dental):-BDS Degree from a recognized University/institution and must have not completed internship earlier than 25/08/2023. Registration with Dental Council of India is compulsory.

AGE LIMIT:-

"Jana

For J.R. -40 years for General (as on 25/08/2025).

EMOULUMENTS:-

For JR - As per Pay Matrix, at Level-10 (Rs. 56,100 - 1,77,500), plus usual allowance as admissible under the rules.

Relaxations for - Reservation to Handicapped candidates shall be given as per rules.



1034

Tenure:- For Junior Resident(Dental):- The initial appointment is for 89 days which may be extended till 01 year on the basis of satisfactory work and conduct with one day break after completion of every 89 days tenure. The appointment is purely on adhoc basis.

Registration with Dental Council of India is Compulsory. Candidates having registration with the other state dental council will be allowed to appear, however, they will have to register themselves with Dental council of India, if appointed,

Applications must be sent by Post/Individually to Room No 136, Diary Section, Ist Floor, Bhagwan Mahavir Hospital, Pitam Pura Delhi-110034 latest by 25-08-2025 up to 4.00pm with the photocopy of the documents which is mentioned below:

1. Date of Birth Certificate (Xth class)

2. Dental council of India/State Dental Council.

3. Degree.

15

6

6.

4. Attempt Certificate.

5. Internship Certificate.

6. Mark-Sheets of all years.

7. Adhar Card/Voter Card/ Driving Licence/Valid Passport.

The candidates may note that applications received after due date and time will not be considered. Any delay in post will not be considered.

List of eligible candidate after scrutiny of the forms will be displayed on the Delhi Health Services website along with other details,

Application form is annexed.

(DR. SUMAN SINGAL) HEAD OF OFFICE

No. F3(213)/2017/BMH/Admn/SR-JR/Dental/6244-46

Dated- 20/08/15

Copy forwarded to the following with the request to display the same on the Notice Board:-

1. P.A to M.S (For information)

2. Vacancy Section of H&FW Deptt. Web site.

3. Notice Board of B.M.H

(DR. SUMAN SINGAL)
HEAD OF OFFICE

APPLICATION FORM FOR JUNIOR RESIDENT (DENTAL)

3. Date of Birth4. Age as on (Da5. Whether Belor6. Physical Chal7. Postal Addres	ate of intervience SC/ST/OB lenged (Yes/I	block letters) w) C	·····	 	Paste here duly attested Passport size Photograph	
. Permanent Ado	lress					
8. Contact No. 9. Valid DMC/I	DDC /D.C.I N	j.				
10. Date of com 11. Academic Q	pletion of inte	ernship (For J.R. only).				
Qualification	Year of Passing	University/institution			attempts	
12. Details of W	ork Experien	ce:				
Complete Addre	ss of employe	er Designation/Post he	ld From		То	
14. Aadhar l 15. Declaration of my knowledg false/incorrect m	Number : - I solemnly ge and noting l	es should be self attested declare that the above has been concealed ther e/service may be termin	statement m	ade by me	e are correct to the bes on given above is foun	
Dated:						
Date : Place: Name of Can	((Signature of the Candidate)				
		1	Email id			

(Should be in capital letter)