



OFFICE OF THE MEDICAL DIRECTOR
DEEN DAYAL UPADHYAY HOSPITAL
HARI NAGAR, NEW DELHI-64
Ph.No. 011-25494401-08
Email: msdduh@yahoo.in

Dated:-16-7-2025

No.F2J(30)/JRC/Dental Recruitment/DDUH/2023/12843-46

WALK-IN-INTERVIEW ON 22.07.2025 FOR THE POST OF JR(DENTAL) ON ADHOC BASIS (FOR 89 DAYS) TILL THE REGULAR APPOINTMENT OF JR, WHICHEVER IS EARLIER.

DDU Hospital will hold a walk-in-Interview for filling up vacant posts of Junior Residents (Dental) on Adhoc basis. The interview will be conducted on the above mentioned date and documents verification will be done between 09.30 A.M. to 11.00A.M.at Seminar Hall (Ground Floor), Doctor's Hostel, DDUH.

NAME OF THE POST	Total Vacancy	UR	OBC
JUNIOR RESIDENT (DENTAL)	03	02	01

• Candidates, who fulfill the eligibility criteria, may apply in the enclosed prescribed Proforma alongwith self attested copies of all testimonials and passport size photographs and submit their forms at **Seminar Hall (Ground Floor), Doctor's Hostel on 22.07.2025 from 9.30 AM to 11.00 AM. Candidates appearing after 11.00 AM will not be considered for Interview.**

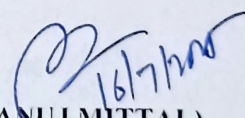
• All interested candidates are advised to download the application form Enclosed below for appearing in interview. No Application form will be provided at the time of interview. Candidates are required to print pg. 3- 5 for form attached with this advertisement.

• **The date and time of Interview is subject to number of application forms received on the above mentioned date. If required, interview may continue on next working day for candidates who get enrolled on 22.07.2025 only but did not get time for interview.**

TERMS & ELEGIBILITY CRITERIA FOR THE POST OF JUNIOR RESIDENT (DENTAL):-

- 1 **Qualification:**Candidates having 60% & more in BDS Degree from recognized University / Institute. Provisional Certificate/Degree & Mark sheet of all four years to be attached.
- 2 **Age:-**Maximum age 30 Years as on Date of Interview (i.e. 22/07/2025). Relaxation of age for SC/ST/OBC/PWD candidates will be given as per rule. Attested copy of Age proof (Class 10th Certificate to be attached.)
- 3 **Internship:-**Candidate must have completed their internship and only those candidates shall be considered for interview who have completed their internship in last 2 years from Date of Interview (i.e. on or after 23/07/2023).

- 4 **Registration:** Candidate must have Valid Registration Certificate of DCI/DDC/State Dental Council at the time of Interview. Application forms without DCI/DDC/State Dental Council Registration Certificate or with 'Applied For' status shall not be considered.
- 5 **Period of Residency(For Adhoc Dental):** Appointment will be initially for a period of 89 days extendable up to maximum of one year on the basis of satisfactory work & conduct report from the concerned HOD and written request from the Doctor concerned or till the regular appointment of JR.
- 6 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 1 year of Junior Residency. Those who have already worked for a period of 1 year in any Govt. Hospital are not eligible.
- 7 Private practice of any kind is not allowed.
- 8 **Pay Scale:** The Pay Matrix of Level 10 (Rs. 56100-177500). Plus other usual allowance as admissible under the rules.
- 9 Self Attested copy of SC/ST/OBC certificate for age relaxation. Candidate having OBC Certificate alongwith NCL issued by the competent authority of Govt. Of NCT of Delhi will be considered for age relaxation.
- 10 OBC certificates issued from Govt. of NCT of Delhi shall only be accepted.
- 11 OBC certificate/NCL should mention that they are belonging to Non Creamy Layer for the current financial year i.e. 2025-26.
- 12 Residency Proof (Aadhar Card/Voter I.D. Card/Passport/Driving License/etc.)
- 13 The Candidates have to bring the original Certificate at the time of Interview for Verification.

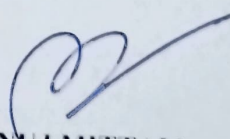

(DR. ANUJ MITTAL)
HOD(JR/SR), DDUH

Dated: 16-7-2025

No.F2J(30)/JRC/Dental Recruitment/DDUH/2023/12843-46

Copy to:-

1. PS to MD, DDUH.
2. HOD, Concerned.
3. Notice Board, DDUH
4. Website of Department of H&FW.


(DR. ANUJ MITTAL)
HOD(JR/SR), DDUH

CHECK LIST FOR JR DENTAL INTERVIEW

DATE: _____

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID & MOBILE NO. _____

DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER

S.NO.	PARTICULARS	✓ / X	REMARKS
1	APPLICATION FORM		
2	DOB CERTIFICATE (10 th Certificate or Marksheet)		
3	AADHAR CARD NO.		
4	CASTE CERTIFICATE		
5	SR. SCHOOL MARKSHEET (12 th Certificate & Marksheet)		
6	BDS MARKSHEETS AND DEGREE		
7	ATTEMPT CERTIFICATE		
8	DCI / DDC / STATE COUNCIL REGISTRATION NO.		
9	JR SHIP (Dental), IF ANY		
10	ADDRESS PROOF		

Note: - (Telephone No. and Email ID is Mandatory while filling Application Form)

Signature of Candidate.....

APPLICATION FOR THE POST OF **JUNIOR RESIDENT DENTAL**
DEEN DAYAL UPADHYAY HOSPITAL GOVT OF NCT OF DELHI
HARI NAGAR, NEW DELHI-64

S.No.....

CATEGORY	UR	OBC	SC	ST	PH
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(Please tick whichever is applicable)

- Name of Applicant (**inblockletters**) :.....
- Father's /Husband's Name :.....
- Date of Birth :.....
- Residential Address Correspondence :.....
- Residential Address Permanent :.....
- (Phone No.) (Mandatory) : (M).....(R).....
- Email ID (Mandatory) :.....
- Date of Completion of Internship :.....
- DCI /DDC/ State Council Registration Number :.....

10. **Details of Marks Obtained in BDS:-**

Exam Passed/Qualification	Total Marks Obtained	Maximum Marks	% of Marks	Year of Passing	No. of Attempts
X					
XII					
BDS 1 ST YEAR					
BDS 2 ND YEAR					
BDS 3 RD YEAR					
BDS 4 TH YEAR					
Total Marks Obtained					

I solemnly declare that the above statement made by me are correct to the best of my knowledge and nothing has been concealed thereof. If any information given above is found false/incorrect my candidature/service.

Date:.....Signature of Candidate.....

UNDERTAKING

If any of the information given above by me is found false/incorrect my candidature/service may be terminated and action as per rules/laws may be initiated.

Date

Signature:

Place:

Name:

Please attach documents in this order:

1. ApplicationForm
2. Age proof document (10th Certificate/Marksheet)
3. Copy of AadharCard
4. Category documents proof (OBC ofDelhi).
5. Class XII MarkSheet
6. BDS Degree and Mark sheets for allyears
7. AttemptsCertificate.
8. DCI / DDC / STATE COUNCIL REGISTRATIONNO.