

**Centre for Dental Education & Research**  
**National Centre of Excellence for implementation of National Oral Health Programme**  
**All India Institute of Medical Sciences**  
**New Delhi**

Centre for Dental Education & Research intends to recruit for the post of Research officer in National Centre of Excellence for implementation of National Oral Health Programme.

**1. Research officer 1 post.**

**Qualifications:**

Essential:

- MDS – Public Health Dentistry
- Should be registered with Dental Council of India

Desirable:

- Experience in Nationwide/large scale Dental Public health Programme
- Experience in IEC development

**Knowledge and skills**

- Knowledge about the common oral health conditions and Oral Health care delivery system in the country and its public health impacts
- Knowledge in the areas of Oral health promotion and Health Communication, local participatory planning and capability to function collaboratively and productively in a multi-disciplinary environment
- Knowledge about Research methodology and critically evaluating research proposals related to Oral Health
- Knowledge about biostatistics and computer mastery for data analysis, interpretation and presentation.
- Ability to travel extensively
- Command over MS-Office and net savvy
- Good Communication skills both in English and Hindi [written and Verbal]

**Responsibilities and Duties**

- To provide technical as well as programme management support for planning and implementation and monitoring of the National Oral Health Programme
- To support the development of IEC for National Oral Health Programme
- To monitor the implementation of the National Oral Health Programme
- To facilitate capacity building of the Oral Health Workforce [development of training modules, training programme, evaluation etc.]
- To undertake any other tasks and responsibilities assigned

**Tenure:** One year (may be extended)  
Immediate joining is required

**Remuneration:** As per ICMR guidelines

**Terms and Conditions:**

1. Upper Age Limit: 35 (Thirty five) years. Upper age limit will be taken as on closing date of submission of applications.
2. Last date for submission of application: **21.11.2014 by 5.00 P.M.**
3. The candidates must submit self attested copies of their certificates, degrees and other relevant testimonials alongwith an application in prescribed format at the following address:  
**The Chief  
Centre for Dental Education & Research  
All India Institute of Medical Sciences  
Ansari Nagar, New Delhi – 110 029**
4. Applications lacking complete information as per the proforma and as well as failure in submission of copies of relevant documents, will liable to be rejected without any communication.
5. The shortlisted candidates will be required **to attend interview on 25-11-2014 at 2pm.** No TA/DA will be paid.
6. Canvassing of any kind will be a disqualification.

Chief, CDER  
AIIMS

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APPLICATION FORM

1. Name of the Applicant \_\_\_\_\_

2. Father's Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Gender : M/F \_\_\_\_\_

5. Educational Qualifications :

Affix Photograph

S.No.	Academic / Professional Qualification	Name of Institution	Board / University	Course Duration / Yr. of passing out	Division / Grade / % of marks.

**6. Experience :**

S.No.	Designation	Name of Institution/Employer	From	To

**7. Research/projects undertaken:**

**8. Training/Short course attended :**

**9. Award and/or Outstanding Achievements:**

**10. Publications:**

**11. Contact Details :**

a) Mailing Address \_\_\_\_\_

b) Permanent Address \_\_\_\_\_

c) Telephone Number(Res) \_\_\_\_\_(Mob) \_\_\_\_\_

d) Email-ID \_\_\_\_\_

**12. Documents to be enclosed : Self attested (Please Tick)**

- a) Degree/Diploma/Certificate ( )
- b) DCI registration Certificate ( )
- c) Experience Certificates ( )
- d) Age Proof ( )
- e) Copy of Publications ( )
- f) Any Other ( )

**13. Name and contact details of 2 Referees.**

**14. Undertaking :**

I hereby certify that all the information given above is true to the best of my knowledge. If any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified / terminated from the service.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Applicant