

**Office of the Principal SCB Dental College, Cuttack**

**Advertisement**

Applications are invited for the following posts purely on contractual basis under ICMR funded research scheme “A community-based pragmatic, controlled trial for prevention and reduction of oral diseases among children at the anganwadi centres located in rural parts of Cuttack, Orissa”

Sl. No.	Name of the Post	Number of vacancies	Stipend	Essential Qualification	Desirable	Age limit	Duration
1	Senior Research Fellow	2	As per ICMR rules	BDS Degree from a recognised institution by Dental Council of India(DCI)	<ul style="list-style-type: none"><li>• MDS in Public Health Dentistry /Pedodontics and Preventive Dentistry/ Periodontics</li><li>• Prior Research experience</li><li>• Experience of National /State level projects</li><li>• Basic Knowledge of computer applications</li></ul>	Not Exceeding 35 Years	Initially upto 31 <sup>st</sup> March 2019 and extendable further as per ICMR Directions

**General Conditions:**

1. Application in enclosed format may be sent on or before **10/09/2018 till 04:00 pm in Office of the Principal SCB Dental College, Cuttack – 753 007.**
2. Age and experience will be counted till the last date of receipt of applications.
3. Only shortlisted candidates would be called for the interview at the **Office of the Principal, S.C.B. Dental College, Cuttack**
4. The above assignment is purely on contractual basis initially up to 31st March 2019 and extendable up to completion of project.
5. Applications lacking complete information as per the Proforma and as well as failure in submission of copies of self-attested relevant documents, will liable to be rejected without any communication.
6. This appointment will not vest any right to claim by the candidate for regular appointment or permanent absorption in the Institute or for continued contractual appointment which may be renewed or terminated on the basis of satisfactory performance and conduct.
7. The competent Authority reserves the right to change the number of vacancies, withdraw the process in full or in part and also the right to reject any or all applications received without assigning any reasons or giving notices etc.
8. He / She should also note that he/she will have to conform to the rules of discipline and conduct as applicable to the Institute employees.

9. No travelling or other allowances will be paid to the candidate for interview or for joining the post.
10. The candidate should not have been convicted by any Court of Law.
11. If any declaration given or information furnished by the candidate proves to be false or if the candidate is found to have wilfully suppressed any material information, he/she will be liable to be removed from service or such action as the appointing authority may deem fit.
12. The decision of the Competent Authority regarding selection of the candidate will be final and no representations will be entertained in this regard.
13. Canvassing of any kind will be a disqualification.

**-Sd-**  
**Principal**  
**SCB Dental College & Hospital**  
**Cuttack**

**S.C.B. Dental College & Hospital, Cuttack**

**APPLICATION FORM FOR RESEARCH FELLOW**

Affix Photograph
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1. Name of the Applicant

2. Father's Name:

3. Date of Birth:

4. Gender: M / F

5. Educational Qualifications:

Sl. No.	Academic Qualification	Name of Institution	Board / University	Course Duration / Year of Passing	Division/Grade/ % of Marks	Attempt

6. Experience :

S.No	Designation	Name of Institution/Employer	From	To

7. Research / Projects undertaken:

8. Training / Short course attended:

9. Awards / Achievements

10. Publications:

11. Statement of Purpose(100 Words)

12. Contact Details:

a). Permanent Address:

b). Address of Correspondence:

c) Mobile No:

d)E Mail Id:

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

a) Degree/Diploma/Certificate

b) Experience Certificates

c) Age Proof

d) Copy of Publications

e) Any Other supporting document

**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 any stage, I shall be liable to be disqualified / terminated from the service.

Date: -----

Place: -----

Signature of the Applicant