

## **ADVERTISEMENT**

### **CONTRACTUAL APPOINTMENT OF PROFESSOR, ASSOCIATE PROFESSOR & ASST. PROFESSOR & SR.RESIDENT IN DIFFERENT DISCIPLINE AT S.C.B. DENTAL COLLEGE & HOSPITAL, CUTTACK**

Applications are invited from the eligible candidates having MDS Degree for the post of Senior Resident, MDS Degree with 3 years of Post PG teaching experience as (Sr. Resident/ Tutor/ Lecturer) for the post of Asst. Professor, 8 years of teaching experience in case of Assoc. Professor, 11 years of experience in case of Professor in different disciplines at S.C.B. Dental College & Hospital, Cuttack. The engagement will be on yearly basis subject to satisfactory performance.

**Note: Candidates having publication will be preferred.**

Sl. No.	Discipline	Professor	Assoc. Professor	Asst. Professor	Sr Resident
1	Community Dentistry	1	1	1	1
2	Oral Medicine & Radiology	1	1	1	1
3	Orthodontics	1	-	1	-
4	Conservative Dentistry	-	1	1	-
5	Oral & Maxillofacial Surgery	-	1	-	-
6	Pedodontics & Preventive Dentistry	-	-	1	-
7	Oral Pathology & Microbiology	-	-	1	-
8	Anesthetist	-	-	1	-
<b>Total =</b>		<b>3</b>	<b>4</b>	<b>7</b>	<b>2</b>

**Age:** Maximum age shall be 35 years for both direct and in-service candidates in case of Sr Resident, 45 years in case of Asst. Professor and 65 years in case of Assoc. Professor & Professors as on 1<sup>st</sup> November, 2014 for direct candidates, relaxable by 5 years for SEBC, SC, ST, Women Candidates and Ex-Servicemen Candidate and by 10 years for Physically Handicapped Candidates.

**Remuneration:** A consolidated amount of, Rs. 80,000/- for Professors, 55,000/- for Assoc. Prof. & Rs 35,000 /- for Asst. Prof, Rs. 25,000/- for Sr Resident per month shall be paid as admissible.

Application form in the prescribed proforma duly filled in along with a D/D of Rs. 500/- (Rupees Five Hundred) only drawn in favour of the **Principal, S.C.B. Dental College & Hospital, Cuttack** payable at **SBI, S.C.B. Medical College Campus, Cuttack (code no. – 5760)**, required documents with two self-addressed envelopes affixing postage stamp of Rs. 25/- must reach in the “**Office of the Principal, S.C.B. Dental College & Hospital, Cuttack – 753 007, Odisha**” on or before **30/11/2014** by **Regd. Post / Speed Post** only. No application will be entertained beyond the stipulated date.

Cuttack

Dated

Sd/-  
**Principal**  
**S..C.B Dental College & Hospital, Cuttack**  
**Cuttack**

**Application Form for the post of Professor/Assoc.Prof/Assistant. Prof.****Post Applied For:** Professor/Assoc.Prof/Assistant. Prof

Photograph

**First Name:****Last Name:****Date of Birth:***(in figures)**(in words)***Sex:** M / F**Category:** SC / ST / SEBC / EX-SERVICEMEN / PH / UR**Address of Communication including Telephone No./  
Cell Phone No. / E-mail ID, etc.****Educational Qualification (High School onwards):**

Course Studied	Name of the Board / University	Year of Passing	Marks			No. of chances taken to complete the course
			Full Marks	Marks Secured	% of Marks	
HSC (11 <sup>th</sup> / 10 <sup>th</sup> )						
Intermediate (I. Sc. / +2 Science)						
BDS (All)						
MDS						

**DCI Registration No.:**

**Details of Teaching experience of the Applicant**

Designation	Name of the Institution	Period of Service	
		From	To
i			
ii			
iii			

Total Period of Teaching:

Details of Bank Draft No.

Date

Amount

**(The Original Bank Draft is to be attached with the Application Form)**

**Date:**

**Signature of the Applicant**

Note – The following documents are to be enclosed along with the Application Form.

- a. Two passport size copies of recent photographs signed by the candidates on its front, one pasted at the right hand corner of the first page of the Application and the other stitched to the Application.
- b. One self addressed envelope (approximately 23 cm x 10 cm) affixed with stamp of Rs. 25/-
- c. Residential Certificate issued by the Competent Authority
- d. Self attested photocopies of all Educational Qualification Certificate / Mark Sheet
- e. Self attested photocopy of Caste Certificate in case of SC/ST/SEBC
- f. Self attested photocopy of Certificate of Physically Handicapped / Ex-Servicemen, etc.

**Application Form For the post of Sr. Resident.****Post Applied For:** Senior Resident

Photograph

**First Name:****Last Name:****Date of Birth:***(in figures)**(in words)***Sex:** M / F**Category:** SC / ST / SEBC / EX-SERVICEMEN / PH / UR**Address of Communication including Telephone No./  
Cell Phone No. / E-mail ID, etc.****Educational Qualification (High School onwards):**

Course Studied	Name of the Board / University	Year of Passing	Marks			No. of chances taken to complete the course
			Full Marks	Marks Secured	% of Marks	
HSC (11 <sup>th</sup> / 10 <sup>th</sup> )						
Intermediate (I. Sc. / +2 Science)						
BDS (All)						
MDS						

**DCI Registration No.:**

**Details Service Particulars of the Applicant, if he/she is in regular employment under State Govt.**

Designation	Name of the Institution with District	Period of Service	
		From	To
i			
ii			
iii			

Total Period of Service:

**Note: The Service Certificate is to be submitted from the C.D.M.O. / C.M.O. / Superintendent / Dean & Principal of the Medical College, etc.**

Details of Bank Draft No.

Date

Amount

**(The Original Bank Draft is to be attached with the Application Form)**

**Date:**

**Signature of the Applicant**

Note – The following documents are to be enclosed along with the Application Form.

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