



# भारतीय दन्त परिषद

## DENTAL COUNCIL OF INDIA

(CONSTITUTED UNDER THE DENTISTS ACT 1948)  
Aiwan-E-Ghalib Marg, Kotla Road, New Delhi – 110 002  
Website: [www.dciindia.org.in](http://www.dciindia.org.in)

Applications are invited from eligible candidates for the post of Secretary in the Dental Council of India (DCI), Statutory Body of Ministry of Health & Family Welfare, New Delhi. The details and eligibility conditions of the post which is to be filled up on Direct Recruitment basis are given below:-

| Sl.No. | Name of the post & relevant Pay Band + Grade Pay   | No. of vacant post | Eligibility conditions prescribed for direct recruitment in the relevant Recruitment Rules   |
|--------|--|--------------------|--|
| 1.     | Secretary<br><br>Pay Band P.B.-3<br>Rs,15600-39100<br>with Grade Pay of<br>Rs.7600 + NPA<br><i>(however under revision<br/>and pending with<br/>Government of India)</i> | 01<br>(One)        | <b>Age limit for direct recruits:</b><br>Less than 45 years. Relaxable for government servants up to 5 years.<br><br><b>Educational Qualification:</b><br>MDS Degree from a recognised University.<br><br><b>Experience:</b> A total of ten years experience in the professional of Dentistry out of which is 8 years teaching experience in a dental college after MDS degree and at least 2 years experience as Professor in any Department in a Dental College/Institute. |

### INSTRUCTIONS FOR STRICT ADHERENCE

1. Dental Council of India reserves the right to fill or not to fill the post and also reserves the right to reject any or all the applications for post.
2. Age will be reckoned as on the last date of submission of application.
3. Candidates who are interested to apply for direct recruitment post, are requested to kindly apply alongwith copies of their testimonial strictly in the prescribed proforma of application as per Annexure-I which may be downloaded from DCI's website [www.dciindia.org.in](http://www.dciindia.org.in). Candidates who are working in Central / State Govt. Offices / PSU'S / Autonomous Bodies may apply through proper Channel through his/her office in the prescribed proforma of application.
5. Candidates who are interested to apply may please ensure that the information/documents given by him/her in/with the application is/are factually correct and nothing has been concealed therein. After his/her selection/appointment to the post in question, if any information/document would found incorrect/fake/wrong, the selection/appointment will be cancelled with immediate effect without any notice or assigning any reason.
6. The last date for submission of application is 30 days from the date of publication of this Advertisement in the Employment News, after which no application will be accepted. Dental Council of India will not be responsible for any postal delay.

Sd/-  
(M.L. Meena)  
Secretary Incharge

**APPLICATION PROFORMA FOR THE POST OF SECRETARY**

1. Name in BLOCK Letters \_\_\_\_\_
2. Father's Name in BLOCK Letters \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Age (As on last date of receipt of application) \_\_\_\_\_
5. Address for Correspondence (in Block Letters) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_

AFFIX  
RECENT  
PASSPORT  
SIZE  
PHOTO GRAPH

Mob.: \_\_\_\_\_ Email: \_\_\_\_\_

6. Permanent Address (in Block Letters) \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_
7. Whether you belong to (Please tick):- SC (\_\_\_) ST (\_\_\_) OBC (\_\_\_) PH (\_\_\_) GEN (\_\_\_)  
**(Attach copy of certificate if you belong to SC, ST, OBC or PH)**
8. Educational Qualification & Professional Qualification:-

**DETAILS OF EDUCATIONAL QUALIFICATIONS**

| Sl. No. | Qualification / Class | Board / University | Subject | Year of Passing | Maximum Marks | Marks Obtained | %age of Marks Obtained |
|---------|-----------------------|--------------------|---------|-----------------|---------------|----------------|------------------------|
| 1.      |                       |                    |         |                 |               |                |                        |
| 2.      |                       |                    |         |                 |               |                |                        |

**DETAILS OF PROFESSIONAL QUALIFICATIONS, IF ANY**

| Sl. No. | Degree | Duration in month(s) | University | Specialization | Year of Passing | Maximum Marks | Marks Obtained | %age of Marks Obtained |
|---------|--------|----------------------|------------|----------------|-----------------|---------------|----------------|------------------------|
| 1.      |        |                      |            |                |                 |               |                |                        |
| 2.      |        |                      |            |                |                 |               |                |                        |
| 3.      |        |                      |            |                |                 |               |                |                        |
| 4.      |        |                      |            |                |                 |               |                |                        |

9. Work Experience from past to present accompanied with attested copy of experience certificate(s):-

| S.No. | Name & address of the employer & Type of organization (Central Government Universities / PSUs / Autonomous Organization) | Period of service in each post (Duration in Months) |    | Designation | Nature of work and level of responsibilities |
|-------|--|---|----|-------------|--|
|       |  | From  | To |             |  |
| 1.    |  |   |    |             |  |
| 2.    |  |   |    |             |  |
| 3.    |  |   |    |             |  |
| 4.    |  |   |    |             |  |
| 5.    |  |   |    |             |  |
| 6.    |  |   |    |             |  |

Note: Please indicate your total experience for eligibility to the post applied for : \_\_\_\_\_years \_\_\_\_\_months)

10. Additional details about present employment, if any.

(a) Present Pay Scale : \_\_\_\_\_

CENTRAL GOVT. / STATE GOVT. / UNIVERSITY / PSU'S / AUTONOMOUS ORGANIZATION

(b) If pay scale has been revised recently, state the date of revision and also the pre-revised pay scale.

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|  | <b>Pre-revised</b> | <b>Revised</b> |
|--|--------------------|----------------|
| (i) Basic Pay  | _____              | _____          |
| (ii) Dearness Allowances   | _____              | _____          |
| (iii) Other Allowances<br>(please specify)                                 | _____              | _____          |
| Total Gross Salary :<br>(Attach copy of Last Pay Slip in support of above) | _____              | _____          |

11. Total emoluments per month now drawn: \_\_\_\_\_

12. Additional information, if any, which you would like to mention in support of your Suitability for the post.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION** : I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. At any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice /compensation.

Signature of Candidate \_\_\_\_\_

Name of Candidate \_\_\_\_\_

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

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

**FORWARDING AUTHORITY / EMPLOYERS ENDORSEMENT**

This is to certify that Dr. \_\_\_\_\_ is working as \_\_\_\_\_ from \_\_\_\_\_ on regular basis in our department / institute / organization. The above details given by him/her are verified and found correct as per our records. It is further certified that no vigilance / disciplinary case and departmental enquiry is either pending or contemplated against him / her. The integrity of the officer is also certified. In case of his / her selection, he / she will be relieved on deputation basis and his / her lien will / will not be retained by this organization.

Signature of Employer with Office Seal

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

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

**Note : Attested copies of all the relevant documents must be attached with the Application.**