

FACULTY OF DENTISTRY
JAMIA MILLIA ISLAMIA
NEW DELHI-110025

NOTICE FOR EXTERNSHIP

Applications are invited from external candidates who have passed final BDS Examination on or before 30.11.2018 and wish to do internship at Faculty of Dentistry, JMI, New Delhi-110025 against eight (08) vacant seats. Application along with the following documents may be submitted to the Dean, Faculty of Dentistry, Jamia Millia Islamia, New Delhi by 30.11.2018 upto 4.00 p.m. Selection will be made on the basis of merit & interview.

LIST OF DOCUMENTS TO BE ATTACHED:

1. Application by the candidates giving reason as to why they want to do internship at Faculty of Dentistry, JMI and documentary proof thereof.
2. Self attested photocopy of Marksheet of all the BDS Examinations (each part/year).
3. Attempt certificate.
4. No objection certificate from his/her parent institution clearly stating that the institution is recognized by the Dental Council of India during the course of his/her study i.e. from the date of admission to his/her passing out the institution was not de-recognized by the Dental Council of India.
5. Permission from the university to which the above college is affiliated.
6. Permission from the Dental Council of India to do internship at Faculty of Dentistry, JMI subject to his/her selection and certificate from the Dental Council of India that the dental college/institution where the student is at present studying has been recognized by the Dental Council of India from the year the student was admitted to that institution till the year of his/her passing out.
7. Certificate of good character and conduct of the student from the parent institution.
8. An undertaking that the student is prepared to do internship at the rate of prescribed stipend of Rs. 3000/- only per month and will deposit Rs. 1,75,000/- (Rs. one lakh and seventy five thousand only) as fee if selected for internship by Demand Draft in favour of "**Faculty of Dentistry, JMI**" payable at New Delhi. The fee will be non refundable after the start of training period.
 - (a) That he/she would follow the rules & regulations of internship program of the Faculty of Dentistry, JMI and will not ask for extension during internship period.
 - (b) That he/she would maintain good conduct/discipline and decorum of the institution and the authorities of the university have the right to expel him/her on misconduct, indiscipline and unsatisfactory work.
9. The internship shall be governed as per the provisions laid down in the Ordinances of Jamia Millia Islamia.
10. Two photographs, one self attested to be affixed on the application form and other without attestation.

Conditions:

1. Training Fees of Rs. 1,75,000/- (Rs. one lakh and seventy five thousand only) to be paid by the selected candidates before the start of internship.
2. Application without requisite documents as per notice will be summarily rejected and no extension will be granted for submission of any documents.
3. No application will be entertained after 30.11.2018 at 4:00 p.m. The institute will not be responsible for any delay on account of postal delivery or delivery through any other agency.
4. Internship will be allowed for one year as per DCI guideline. Part internship is not permissible.

Important dates:

Last date of submission of applications:	30.11.2018(Friday) up-to 4:00 p.m.
Date of Interview:	10.12.2018 (Monday) from 11.00 A.M. onwards
Venue:	Conference Room, Faculty of Dentistry, JMI
Declaration of Result:	14.12.2018 (Friday)
Starting date of internship:	20.12.2018 (Thursday)

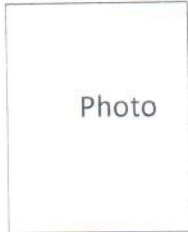
Sd/-
Dean
Faculty of Dentistry, JMI



CHECK LIST OF DOCUMENTS for Externship

S. No.	DOCUMENTS	Mark \surd or X
1.	Application by the candidate giving reasons to do Internship at Faculty of Dentistry, JMI	
2	No objection certificate from his/her parent Institution clearly stating that the Institution is duly recognized by the Dental Council of India and during the period of his study i.e. from admission to his/her passing out was not derecognized by Dental Council of India.	
3.	Permission of the University to which his / her parent institution is affiliated to do Internship at Faculty of Dentistry, JMI subject to selection.	
4	Permission of the Dental Council of India to do internship at Faculty of Dentistry, JMI subject to his/her selection and a certificate from Dental Council of India that Dental College/Institution where the student is at present studying has been recognized by the Dental Council of India throughout his/her course of study.	
5	Character and conduct certificate of the student from the parent College/Institution.	
6	Self attested photocopy of mark sheets of all the BDS examinations (each part/year) passed.	
7	Certificate of number of attempts & percentage of marks obtained in each part/year.	
8.	Documentary evidence, if distinction/medal, if any was awarded for any subject in University Examination.	
9.	An undertaking that the student is prepared to do internship at the rate of prescribed Internship stipend of Rs. 3,000/- per month and will deposit Rs. 1,75,000/- as Training Fees/Charges if selected for Internship.	
10.	Undertaking that he/she will follow the rules & regulations of JMI while pursuing the internship program at Faculty of Dentistry, JMI	
11.	Undertaking that he/she would maintain good conduct, discipline and decorum of the Institution and the authorities of Faculty of Dentistry, JMI have the right to discontinue his / her internship at any time for his/her misconduct, indiscipline and unsatisfactory work.	
12.	Two photographs, one self attested to be affixed on the application form and other without attestation.	

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FACULTY OF DENTISTRY
JAMIA MILLIA ISLAMIA
NEW DELHI-110025

Application for Externship BDS Program(2018-19)

- 1. Name of the Student:
- 2. Father's Name:
- 3. Date of Birth:
- 4. Nationality:
- 5. Religion:
- 6. Marital Status:
- 7. Address for Correspondence :
-
- 8. Email Id:9. Contact No:
- 10. Name of the Institution with full Address where from he/ she is pursuing the BDS Program:
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- 11. Name and address of Affiliated University:
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- 12. Date of Joining of the BDS Programme:
- 13. Date of passing of BDS program
- 14. List of documents/Certificates attached:
- (Additional sheets may be used, if required)
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(Signature of applicant (Full))

.....
(Signature of Father/Guardian of the applicant)

Place.....
Date

10. Detail of BDS Examination Passed

% OF MARKS	Name of Subject			Name of Subject			Name of Subject			Name of Subject			Name of Subject			Name of Subject			Name of Subject			Total %			
	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject	No. of extra attempt	% of marks in the subject	Distinction or Medal in subject				
1 st Year	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()				
2 nd Year	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()				
3 rd year	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()				
Final year	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()				
	Paper No.I			Paper No.II			Paper No.III			Paper No.IV			Paper No.V			Paper No.VI			Paper No.VII			Paper No.VIII			
Ist year																									
II year																									
III year																									
Final year																									
OVERALL PERCENTAGE																									

UNDERTAKING

I, SOLEMLY DECLARE THAT THE STATEMENTS MADE BY ME IN THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF AT ANY STAGE, IT IS FOUND THAT FACTS HAVE BEEN CONCEALED OR MISREPRESENTED BY ME, MY CANDIDATURE FOR INTERNSHIP MAY BE TREATED AS CANCELLED.

SIGNATURE OF THE CANDIDATE: _____

NAME IN BLOCK LETTER : _____

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JAMIA MILLIA ISLAMIA
(A Central University by an Act of Parliament)



Faculty of Dentistry

Maulana Mohammad Ali Jauhar Marg, New Delhi-110025
Tel.:+91-11-26982006, 26981717 Extn. 4460 & 4461
E-mail: fdn@jmi.ac.in | Website: www.jmi.ac.in

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November 20, 2018

The Secretary,
Dental Council of India,
Kotla Road,
New Delhi – 110 002.

Subject : NOC to the applicant for Externship.

The Faculty of Dentistry, Jamia Millia Islamia, New Delhi has invited applications from the external students of various Dental Colleges for Internship Program against 08 vacant seats. A copy of the notice is enclosed herewith for your kind perusal. One of the conditions for applying to Internship Program is to get NOC from the Dental Council of India.

It is, therefore, requested that the applicant who intends to apply for Internship in the Faculty of Dentistry, JMI may please be issued a 'No Objection Certificate' by the DCI.

With regards,

Yours sincerely,

(Prof. Sarita Kohli)

Dean

Copy to:

The Registrar, JMI