

11/10/2025

ORAL HEALTH SCIENCES CENTRE
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH

Applications are invited for the following purely temporary posts on a contractual basis: -

S No.	Name of Post	No. of Vacancies	Qualification	Project Name	Age Limit	Duration
1.	Project Research Scientist - II	01	• MDS, Registered with DCI • Experience of working with oral health program at State / Centre level	• National Resource Centre (NRC) for Oral Health Care of Children & Elderly under National Oral Health Programme, MoHFW, GoI • Place of work – New Delhi	Not exceeding 35 years of age*	Initially up to 31 st March 2026
2.	Project Research Scientist - II	01	• MDS, Public Health Dentistry Registered with DCI • Experience of Dental Public Health related project	• National Resource Centre (NRC) for Oral Health Care of Children & Elderly under National Oral Health Programme, MoHFW, GoI • Place of work – Chandigarh	Not exceeding 35 years of age*	Initially up to 31 st March 2026

* Age relaxation as per ICMR/ PGIMER guidelines

- Salary as per ICMR/ PGIMER guidelines

CC:

PGIMER Website

All notice boards of PGIMER, Chandigarh


Dr. Arpit Gupta

Additional Professor
Oral Health Sciences Centre
PGIMER, Sector-12, Chandigarh

अपर प्राचार्य
Additional Professor
मुख्य स्वास्थ्य विज्ञान केन्द्र
Oral Health Sciences Centre
पी.जी.आई.एम.ई.आर., चण्डीगढ़
PGIMER, Chandigarh

General Conditions:

1. Age and experience will be counted till the date of interview.
2. The walk-in interview for the above posts will be held on 24.10.2025 at 2:30 PM at the office of the Head, Oral Health Sciences Centre, PGIMER, Chandigarh. The desirous candidates may appear before the selection committee, along with their original certificates as well as the application form (along with all attachments). No separate communication will be sent for the interview.
3. The above assignment is purely on a contract basis.
4. Applications lacking complete information as per the proforma and as well as failure in the submission of copies of relevant documents, will be liable to be rejected without any communication.
5. 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.
6. 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.
7. 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.
8. No travelling or other allowances will be paid to the candidate for an interview or for joining the post.
9. The candidate should not have been convicted by any Court of Law.
10. 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.
11. The decision of the Competent Authority regarding the selection of the candidate will be final and no representations will be entertained in this regard.
12. Canvassing of any kind will be a disqualification.

P.I.
OHSC-PGIMER

**ORAL HEALTH SCIENCES CENTRE
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH**

Application form for the post of Project Research Scientist -II



1. Name of the Applicant _____

2. Father's Name _____

3. Date of Birth _____

4. Gender: M/F _____

Affix Photograph

5. Educational Qualifications:

S. No.	Academic/ Professional Qualification and Subject	Name of Institution	Board/University	Year 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 Achievements (if any):

10. Statement of Purpose: (100 words maximum)

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) Experience Certificates ()
- c) Age Proof ()
- d) List of Publications () (**Attach list in Vancouver style of referencing**)
- e) Any Other ()

13. 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