

**Government of Rajasthan**  
**Directorate, Medical & Health Services**  
**Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur**

No:NOHP/2015/443

Date: 31.08.2015

**Advertisement**

Directorate, Medical & Health Services, Jaipur, Rajasthan invites Application Form for following mentioned posts on purely Contractual Basis for the year 2015-16 (initially for 6 months) Dental Surgeon (2), Dental Hygienist (2) and Dental Assistant (2). It will be for the Districts Tonk and Jhalawar in National Oral Health Programme (NOHP) as sanctioned by Govt. of India.

Details of all the Posts, Job description, Essential Qualifications, Experience, General Instructions & Terms and Conditions are available on our website [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in). Applications should be sent to the Nodal Officer (NOHP), State Control Room, Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur (302005). Last Date of Receiving Application Form is 15-09-2015 and Interview will be conducted on 19-09-2015 at 10 AM in Nodal officer (NOHP) Room.

DIPR/C/7059/2015

Dir. (PH) Medical & Health Services, Raj. Jaipur

**Component in States/UTs:**

**B.1 Dental Surgeon: 1**

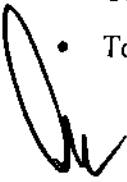
➤ **Qualification:**

1. BDS from institution recognised by Dental council of India
2. At least two years of working experience in a hospital /institution setup.

Age limit: 40years ( At the rate 30,000/- per month)

**Requirement and Responsibilities:**

- To provide OPD services to the patients
- To plan and manage dental camps periodically
- To refer complicated cases to the higher centres in the Hierarchy.
- To impart training to the paramedical personnel.
- To supervise and monitor activities under NOHP



**B.2 Dental Hygienist/Dental Technician/Dental Mechanic: 3**

➤ **Qualification:**

- i) 10+2 Science from Recognised Board
- ii) Diploma in Dental Technician/Dental Hygienist/Dental Mechanic Course from a Govt. recognized Institute
- iii) Registration with State Dental Council.

**Experience:** Two years of experience in a dental college/clinic

*(At the rate 20,000 Per month)*

**Responsibilities:**

- Patient screening procedures; such as assessment of oral health conditions
- Taking and developing dental radiographs
- Oral Prophylaxis
- Fabrication and repairing Denture
- Patient education regarding oral hygiene maintenance

**B.3 Dental Assistant: 2**

➤ **Qualification:**

Matriculation from Recognised Board

**Experience:** Two years experience in a dental college/clinic

**Responsibilities:**

- Maintain a sterile and neat working environment according to current infection control Procedures
- Stock operatories and maintain clinical supply inventory
- Maintain record of the patient and schedule appointments

*(At the rate - 10,000 Per month)*



To:  
**State Nodal Officer (NOHP)**  
 Directorate of Medical and Health Services  
 Swasthya Bhawan, Tilak Marg  
 C-scheme, Jaipur

Please paste recent  
 passport size  
 photograph

Dear Sir,

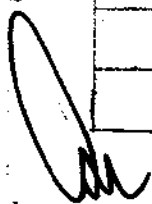
With reference to the advertisement No. .... dated  
 .... appeared in ..... (Name of new paper). I am submitting my  
 application:

1. Position applied for : .....
2. Name (In Block Letters) : .....
3. Father's/Husband's Name : .....
4. Date of Birth (DD/MM/YY) : 

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5. Nationality : .....
6. Marital Status : Single  Married
7. No. of Children : Male  Female  (Please mention numbers)
8. Postal Address :  
 .....  
 .....
9. Permanent Address :  
 .....  
 .....
10. E-mail ID (Must) : .....
11. Telephone No. (with STD code): .....
12. Mobile No. (Must) : .....

13. Educational qualification, please list your qualifications starting from the highest qualification attained :-

S. No.	Degree/Diploma	University/ Board & Location	Year of Passing	Percentage/ Rank/Grade	Major Subjects



15. Employment history (Starting from the present one)

S. No.	Name of organization/ Employer	Designation	From (Month/Year)	To (Month/Year)	Major Responsibilities

16. Would you accept contractual employment for less than one year Yes  No

17. Last drawn monthly honorarium / pay:

18. Please mention about your Tobacco/Pan Masala use habit:

19. Any other information

**Declaration**

I, certify that all information furnished by me is true, complete and correct to the best of my knowledge.

I do/ do not consume any tobacco product.

Signature with full Name:

Date: .....

Place .....

