

### OFFICE OF THE MEDICAL SUPERINTENDENT ACHARYASHREE BHIKSHU GOVT. HOSPITAL MOTI NAGAR, NEW DELHI-110015

No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/Part-IV/ 73/1

Dated: 22/12/2010

## Notice for Recruitment to the post of Senior Residents on Adhoc basis by walk in interview

Applications are invited in the prescribed format from eligible candidates for making a penel for appointment against existing and future vacant posts of Senior Residents on Regular basis for one year in case of SRs extendable up to a maximum period of three years with annual extension provided that the service rendered / work and conduct has been found to be not below the satisfactory level. On adhoc basis for a period of 89 days or till regular candidate joins whichever is earlier. The applicants to report with duly filled prescribed form self attested copies of all testimonials and passport size photograph in Estt. Section (IIIrd floor) Room No. 304 on 29 December 2020 (Tuesday) 10:30 a.m and every working day till filling up the post.

#### Senior Residents

| Specialty/<br>Department | General | EWS | SC | ST | овс | TOTAL |
|--------------------------|---------|-----|----|----|-----|-------|
| Skin                     | 1±      | _   | -  | -  | -   | 1     |
| Total vacant post        | 1       | -   | -  | -  | -   | 1     |

\*Vacancy against Vacant Post of Specialist on Adhoc basis

While every care has been taken in preparing the Category wise vacancies position chart, office reserve the right to rectify errors and omission, if any detected at any stage.

Eligibility Criteria for SR's: -1. Post Graduate Degree / Diploma from a recognized university &enrolled with Delhi Medical Council with Post Graduate, Degree / Diploma.

Age Limit (i) Not more than 45 years for SRs (5 Yrs. Relaxable for SC / ST and 3 Yrs for OBC) as on date of Interview (vide order No. F.No. DHF&W/Q015/57/2016-HR-Medical-Secy (H&FW)/CD No. #112425062/1502-08 dated 26.11.2020).

**Emoluments for SR**: Pay matrix of Level 11 (Rs. 67700-208700) other usual allowances as admissible under the rules.

Date of Interview: 29.12.2020 (Tuesday) and every working day till filling up the post.

Time of Interview: 10:30 a.m. onwards on the above mentioned date (Reporting time upto 10:30 a.m.)



## OTHER CONDITIONS OF APPOINTMENT

- 1. Candidates must have a valid DMC Registration Certificate. (Acknowledgment Slip of DMC registration will not be accepted) not be accepted).
- 2.
- SC / ST Certificates issued from Judicial / Revenue Authorities and OBC/EWS Certificates issued from Govt. of Delhi shall only be accepted. Further reservation to Physically Handicapped candidates shall be given as per rules.
- In case of Non availability of candidates under SC / ST / OBC/EWS Category, vacancies may be filled up from the General category and vice versa on ad-hoc basis.
- 6. The application form must contain name of post applied for Name, Father / Husband name, Category, Date of Birth, Contact No., Address, DMC Registration No., Date of Internship completion, Educational Qualification, Attemps
  - 7. The applicant under relaxed eligibility criteria as per instructions contained in Circular No. F.121/26/2010/H&FW/1996-2045 DATED 10.06.2011 of Health & Family Welfare may apply i.e. who have completed three years of Senior Residency, for SR ship or who have completed one year of Junior Residency for JR ship. However, they will be appointed only in case of non availability of fresh eligible candidates and a separate list will be prepared for them.
  - 8. In case of SR, in the specialties where no fresh candidates are available, the candidates who have completed three years Senior Residency but are willing to serve as Sr. Residents can also apply. However their appointment will be for a period of 89 days extendable up to a maximum period of one year only.
  - 9. In case of SR, Separate merit lists for fresh candidates and for other (those who have completed 03 years of Senior Residency already) would be prepared.
  - 10. The decision of the Medical Superintendent will be final. In case of any dispute the jurisdiction of court will be Delhi /. New Delhi.
  - 11. In case of EWS the appointment is provisional and is subject to the Income and asset certificate being verified through the proper channels and if the verification reveals that the claim to belong to EWS is fake/false the services will be terminated forthwith without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of Indian Penal Code for production of fake/false certificate.

(DR.B.L.CHAUDHARY) MEDICAL SUPERINTENDENT

Dated: 22/12/200

No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/ 7-311 Copy to:-

1.(www.health.delhigovt.nic.in)

MEDICAL SUPERINTENDENT

# APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENTS

DMC/ Registration Certificate
 Internship completion certificate

MBBS Certificate

MBBS Mark sheets

| ١,               | Paste your   |  |  |  |  |             |  |  |  |  |  |  |
|------------------|--|--|--|--|--|-------------|--|--|--|--|--|--|
| 2.               | <ol> <li>Name of the candidate (In Block Letters);</li> <li>l'ather's/ Husband's Name;</li> </ol>  |  |  |  |  |             |  |  |  |  |  |  |
| 3.               | 3. Date of Birth:  |  |  |  |  |             |  |  |  |  |  |  |
| 4.               | 4. Age as on::   |  |  |  |  |             |  |  |  |  |  |  |
| 5.               | 5. CATEGORY (UR/ SC/ST/EWS/OBC/PH):  |  |  |  |  |             |  |  |  |  |  |  |
| 6,               |  |  |  |  |  |             |  |  |  |  |  |  |
| 7.               | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |             |  |  |  |  |  |  |
| 8,               |  |  |  |  |  |             |  |  |  |  |  |  |
| 9,               | 9. Valid Delhi Medical Council/ Delhi Dental Council Regn. No and date:  |  |  |  |  |             |  |  |  |  |  |  |
| 10               | 10. Date of completion of Internship:  |  |  |  |  |             |  |  |  |  |  |  |
| 1                | l. Academic Qua  | lifications (MBBS C  | )nwards): Enclose a  | ttested photocopies  | of all Mark sheets & c   | ertificates |  |  |  |  |  |  |
|                  | Exam Passed  | Year of passing  | Board/ University  | Marks in %   | No.of Attempts   |             |  |  |  |  |  |  |
|                  |  | to the state of th | and a peak aspectation to a security and a security | The state of the s |  |             |  |  |  |  |  |  |
|                  |  | н воне принятива интернет и подружения   |  | and the second s | The late to compare the property of the late of the la |             |  |  |  |  |  |  |
| 1                | 2. Detail of work  | experience: Enclos   | e attested photocopi   | es of Experience cer   | tificates  |             |  |  |  |  |  |  |
| Add              | ress of the organizat  |  | and the second s | From   | 10   |             |  |  |  |  |  |  |
| Charlest Charles | environ approximate the area of the large and the artificial the artificial terms of the second terms of t | water was a street the Aprillone of  | The section of the se |  | The second secon |             |  |  |  |  |  |  |
|                  |  |  |  | and the set of the characters of all her terms   |  |             |  |  |  |  |  |  |
| District March   | etinit uli yra dainiffilita ildi film edeni a deepporitii yleidi. Ytti deella ta'i   |  |  |  |  |             |  |  |  |  |  |  |
| responsibility   | entin annocessit normalista at Enni Association (Sec   | Company of the state of the sta | Achievania in this paper is a second character and a second  |  |  |             |  |  |  |  |  |  |
|                  |  |  |  |  |  |             |  |  |  |  |  |  |
| - MENTHALISM     |  | Acres months to the desire appropriate named the method  |  |  |  |             |  |  |  |  |  |  |
| kno              | wledge and belief a  | -  | oncealed thereon. In   | the event of any info  | complete and correct to<br>ormation being found fa<br>without any notice.  |             |  |  |  |  |  |  |
| Dat              | e;   |  |  | (SIGNATURE OF THE CANDIDATE)   |  |             |  |  |  |  |  |  |
|                  |  |  |  | Name:  |  |             |  |  |  |  |  |  |
|                  |  |  |  | Mobile No.   |  |             |  |  |  |  |  |  |
|                  |  |  |  | E-mail ID  | _  |             |  |  |  |  |  |  |
| Li               | st of Enci:  |  |  |  |  |             |  |  |  |  |  |  |
|                  | 1. Date of Bir   | rth (Class- X Certific   | ate)   |  |  |             |  |  |  |  |  |  |

SC/ST/OBC/EWS/PH Certificate issued by the competent authority (if applicable)

MD/MS/DNB/PG Diploma certificate (for SRs only)

Scanned with CamScanner