

No. RTRMH/1/1/1/Estt.(815)/2019-20/

Dated:-

PUBLIC NOTICE

Written test for the regular recruitment for a tenure of 01 years in respect of Junior Resident (BDS) will be held on the date mentioned below. Interested candidates should report at First Floor, Admn. Block, Administrative Block, Rao Tula Ram Memorial Hospital at 9.30 A.M. with original certificates of qualifications (Matriculation, Intermediate, BDS Degree), registration & Experience Certificate etc. and one set of self attested photocopies of these entire documents alongwith two passport size photographs. The registration will close at 11.00 AM on the date of written test. The details of vacancies are as under:

Junior Resident (MBBS) (Vacancy)

The date of interview for Junior Resident is 16.03.2023

S.NO.	Department	Gen	Total Vacant
1	Junior Resident (BDS)	01	01

Eligibility & Criteria for selections.

1. OBC candidates with certificate issued by Govt. of NCT of Delhi will be considered.
2. Vacancies are subject to change as per requirement.

Eligibility for Junior Resident: (i) BDS from a recognized University (ii) internship should not have completed more than 02 years at the date of written test (iii) should be registered with Delhi Dental Council or Inter State/Intrastate valid Registration with any State Dental Council.

Written Exam: A selection of suitable candidate will be done on the basis of a written test which will be conducted for all candidates. In case of a tie in the marks scored in the written examination, the following criteria will be followed:

- (a) Candidate scoring higher marks in the final year BDS examination will be given preference.
- (b) In case of a tie in the above, candidates with higher age will be given preference.

Age Limit: Maximum 30 years, as on date of written test. Age relaxation is allowed to eligible candidates as per Central Government Rules including for SC/ST/OBC etc. as per rule.

The salary and other T&C will be as per residency scheme as notified by the Government. No TA/DA will be paid for appearing in the written test. Decision of the selection committee will be final.

Attach : Application Proforma

No. RTRMH/1/1/1/Estt.(815)/2019-20/

1389-95

(DR. Satyendra Kumar)
Head of Office : RTRMH
Dated:- 21/3/23

Copy to following with the request with the display the Notice on the Notice Board of their respective hospital:-

01. The PS to Principal Secretary, H&FW, 9th floor, C-Wing, Delhi Secretariat, I.P. Estate, New Delhi - 110002.
02. The Director, DHS, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi - 110032 with the request to upload the same on the relevant page of website of Delhi Govt.
03. The Medical Superintendents of All the Hospitals, Govt. of NCT of Delhi.
04. PA to MS, RTRMH, Jaffarpur, New Delhi - 110073 with the request to email this to all the Hospital Incharge/Medical Superintendents.
05. I.T. Incharge, RTRM Hospital with the request to upload the advertisement on the website of the Hospital.
06. All the Notice Boards.

(DR. Satyendra Kumar)
Head of Office : RTRMH

437C

GOVT. OF NCT DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
RAO TULA RAM MEMORIAL HOSPITAL, JAFFARPUR NEW DELHI-110073
{Administration branch}

APPLICATION FOR THE POST OF JUNIOR RESIDENT (BDS)

1. Name of the candidate : _____
2. Father's Name/Husband Name: _____
3. Address (Permanent) : _____

4. Correspondence Address : _____

5. Date of Birth : _____
6. DDC registration (For doctors): _____
7. Category :- _____
8. Date of internship completion: _____
(For doctors)
9. Mobile : _____
10. Education Qualification : _____

PHOTO
GRAPH

S.No	Name of Exam	Board/Univ.	Year of Passing	Subject	Marks Obtained / Total Marks	%

11. Details of Experience: 1. _____
2. _____
3. _____

12. Email.ID (If any) _____

I hereby declare that all the statements made by me in the application form are true and complete to the best of knowledge and belief and nothing has been concealed and suppressed. I also understand that in case, any of statement is found untrue during any stage of recruitment or thereafter shall disqualify me for the post applied for or I shall be liable for any other action under the extant rule.

Dated:

Signature _____

Place:

Name _____