No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/Part-IV/ 2 85

Dated: | 6|1 2021

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

Applications are invited in the prescribed format from eligible candidates for making a panel 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 27 January 2021 (Wednesday) 10:30 a.m and every working day till filling up the post.

## Senior Residents

| Specialty/<br>Department | General | EWS | SC | ST | OBC | TOTAL |
|--------------------------|---------|-----|----|----|-----|-------|
| Surgery                  | 1*      | -   | -  | -  | -   | 1     |
| Casualty                 | 2*      | -   | -  | -  | -   | 2     |
| Medicine                 | 1       |     | 1  |    |     | 2     |
| Gynae                    | 1+1*    | -   |    | -  | -   | 2     |
| Anesthesia               | 1*      | -   | -  | -  | -   | 1     |
| Total vacant post        | 7       | -   | 1  | -  | -   | 8     |

\*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. For SR Casualty PG (MD/MS/Diploma/DNB/ in any specialty or Two year experience in any branch after MBBS Degree.

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: 27.01.2021 (Wednesday ) 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.)



- 1
- Candidates must have a valid DMC Registration Certificate. (Acknowledgment Slip of registration will not be accepted).
- 2. The number of vacant posts may vary.
- 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.
- 4. 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.
- 5. No TA/DA shall be admissible for attending interview.
- 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 Certificate, and experience if any.
- 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: 14/1/2021

No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/ 285 Copy to:-

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

MEDICAL SUPERINTENDENT

## APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENTS

| 1.     | Name of the car   | Paste your            |                     |                              |                            |              |  |  |  |  |  |  |
|--------|---|-----------------------|---------------------|------------------------------|----------------------------|--------------|--|--|--|--|--|--|
| 2.     | Father's/ Husba   | recent                |                     |                              |                            |              |  |  |  |  |  |  |
| 3.     | Date of Birth:  | passport size         |                     |                              |                            |              |  |  |  |  |  |  |
| 4.     | Age as on::   |                       | photograph          |                              |                            |              |  |  |  |  |  |  |
| 5.     | CATEGORY (  |                       | here                |                              |                            |              |  |  |  |  |  |  |
| 6.     | Correspondence  |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 7.     | 7. Permanent Address:   |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 8.     | . E-mail ID:  |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 9.     | Valid Delhi Medical Council/ Delhi Dental Council Regn. No and date:  |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 10     | Date of completion of Internship:  Academic Qualifications (MBBS Onwards): Enclose attested photocopies of all Mark sheets & certificates |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 11     | . Academic Qua  | lifications (MBBS     | Onwards): Enclose   |                              | of all Mark sheets & ce    | rtificates   |  |  |  |  |  |  |
|        | Exam Passed   | Year of passing       | Board/ University   | Marks in %                   | No.of Attempts             |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
| 12.    | Detail of work  | experience: Enclos    | e attested photocop | ies of Experience cer        | rtificates                 |              |  |  |  |  |  |  |
| Addre  | ss of the organization  | on and Designation    |                     | From                         | То                         |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
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|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
| eclara | tion: I solen   | nnly declare that the | above statements m  | ade by me, are true, c       | omplete and correct to the | e best of my |  |  |  |  |  |  |
|        |   |                       |                     |                              | mation being found false   |              |  |  |  |  |  |  |
|        |   |                       |                     | iable to be rejected w       |                            |              |  |  |  |  |  |  |
| meng   | iomiy detected at   | any point or time, in | y canadatare sharr  | more to be rejected in       | mourally money             |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |
| te:    |   |                       |                     | (SIGNATURE OF THE CANDIDATE) |                            |              |  |  |  |  |  |  |
|        |   |                       |                     | Name:                        |                            |              |  |  |  |  |  |  |
|        |   |                       |                     | A value.                     |                            |              |  |  |  |  |  |  |
|        |   |                       |                     | Mobile No.                   |                            |              |  |  |  |  |  |  |
|        |   |                       |                     | E-mail ID                    |                            |              |  |  |  |  |  |  |
|        |   |                       |                     | z man iz                     |                            |              |  |  |  |  |  |  |
| of Er  | icl:  |                       |                     |                              |                            |              |  |  |  |  |  |  |
|        |   |                       |                     |                              |                            |              |  |  |  |  |  |  |

## Lis

- 1. Date of Birth (Class- X Certificate)
- 2. DMC/ Registration Certificate
- 3. Internship completion certificate
- 4. SC/ST/OBC/EWS/PH Certificate issued by the competent authority (if applicable)
- 5. MBBS Certificate
- 6. MD/MS/DNB/PG Diploma certificate (for SRs only)
- 7. MBBS Mark sheets
- 8. MD/MS/DNB/PG Diploma mark sheets
- 9. Attempt certificates Copies of any other relevant documents.