



**OFFICE OF THE MEDICAL DIRECTOR
DEEN DAYAL UPADHYAY HOSPITAL
HARI NAGAR, NEW DELHI-64
Ph.No. 011-25494401-08
Email:msdduh@yahoo.in**

No.F2S (04)/DDUH/SR/2020/4-7

Dated: 18.04.2021

WALK-IN-INTERVIEW FOR THE POST OF SENIOR RESIDENTS IN DDU HOSPITAL.

The DDU Hospital will hold a Walk-In-Interview for filling up of vacant posts of Senior Residents in the below mentioned departments. The interview will be held on below mentioned dates and document verification will be done between **09.30 A.M. to 10:30 A.M.** in ECO Lab Medicine Department, 1st Floor, Deen Dayal Upadhyay Hospital.

Only those Candidates may appear for the interview who fulfill the eligibility criteria as per Residency scheme of the GOI and the qualification/eligibility criteria is as follows:-

DEPTT. OF GENERAL MEDICINE ON ADHOC BASIS (DAILY)

| <u>S.No.</u> | <u>Post</u> |
|---------------------|--------------------|
| <u>1.</u> | <u>08</u> |

Qualification: Post Graduate Degree (MD/DNB) in General Medicine. In Case of non availability of MD/DNB Candidate, then Candidates who have 2 years post MBBS Experience with at least 01 years in General Medicine department will be considered for the post and will be appointed on Adhoc basis for 89 days.

II. REQUIREMENTS

Required Documents:- Application, 02 passport size photos, Matriculation and Sr. Secondary Certificate, MBBS degree and Mark sheets, MD/DNB/Diploma, Mark sheets and Certificate, Residence Proof & DMC Certificate, Experience, if any.

- Age limit:-** 45 years as on date of interview as per order no. F.No.DHF&W/Q015/57/2016-HR-Medical-Secy (H&FW)CD No. #11245062/1502-08 dated 26-11-2020. Age limit is relaxable by 05 years for SC/ST candidates.
- DMC registration:-** Candidate must have valid DMC Certificate with PG degree/Diploma added in the certificate for appear in the Interview.
- EMOLUMENTS :** As per 7th CPC pay matrix level 11(Rs 67,700/- –Rs 2,08,700/-) and other admissible allowances per month.

GENERAL TERMS AND CONDITIONS

- 3% seats shall be reserved for physically handicapped persons as per rules.
- Number of the vacancies is provisional and subject to change without any notice.
- OBC/EWS certificates issued from Govt. of NCT of Delhi shall only be accepted.
- OBC certificate should mention their belonging to Non Creamy Layer for that year.
- In case of non availability of candidates under SC/ST/OBC/EWS Category, vacancies may be filled up from the General Category Candidates and vice versa for 89 days on adhoc basis.
- In case of SC/ST/OBC/EWS certificate reveals that the claim to belong to these categories is fake/false the services will be terminated forthwith without assigning any further reason and without prejudice to such further action as may be taken under the provisions of Indian Penal Code for production of fake/false certificate
- The appointment and services will be governed under Residency Scheme of Govt. of India.
- Candidates if working on regular basis must produce NOC from present employer.
- NO TA/DA will be paid to the candidates called for the interview.
- In case of number of applications are very high the interview may be continues on the next day.

11. Selected candidates shall be allowed to join within 07 working days from the issue of the offer letter failing which the offer shall stand automatically cancelled. No extension for joining will be considered.
12. All appointment shall be subject to **medical fitness** and verification of certificate of educational qualification /age/caste/submission of valid DMC certificate etc.
13. Mode of selection will be through interview only.
14. Waiting list will be prepared if any, will be valid till next interview or till six months from declaration of result whichever is earlier.
15. In case of any inadvertent error detected at a later stage the same will be rectified as per rules.
16. Competent Authority reserves the right of any amendment or cancellation of the advertisement.
17. Competent Authority reserves right to decide in case of any dispute with regard to selection process.

NOTE:-

Only those candidates may appear who fulfill the above criteria and have necessary documents with them. Originals will also be required to be produced at the time of interview.

All interested candidates are advised to download the application form annexed below for appearing in Interview as **no application form will be provided at the time of interview.**

No.F2S (04)/DDUH/SR/2020/

Copy to:-

1. PS to MD for information, DDUH.
2. HOD Concerned.
3. Notice Board, DDUH.
4. Website of H&FW Deptt., GNCT of Delhi.

Dated:

SD
DR. L. R. RICHHELE)
HOD (SR/JR CELL)

SD
(DR. L.R. RICHHELE)
HOD (SR/JR CELL)

CHECK LIST FOR SR(REGULAR/ADHOC) INTERVIEW

DATE: _____

NAME OF DEPARTMENT: _____

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID & MOBILE NO. _____

**DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION
FORM IN THE FOLLOWING ORDER**

| S.NO. | PARTICULARS | ✓ / X | REMARKS, IF ANY |
|-------|---|-------|-----------------|
| 1. | Check List | | |
| 2. | Application Form | | |
| 3. | D.O.B (10 th Certificate) | | |
| 4. | Caste Certificate | | |
| 5. | Sr. Secondary School Certificate(12 th Certificate) | | |
| 6. | MBBS Marksheets & Degree. | | |
| 7. | Post MBBS DMC Registration Certificate | | |
| 8. | PG Marksheets & Degree | | |
| 9. | Post PG DMC Registration Certificate | | |
| 10. | SRship, If Any | | |
| 11. | Aadhar Card No. | | |
| 12. | Address Proof | | |

Signature of the Candidate

**APPLICATION FOR THE POST OF SENIOR RESIDENT IN THE
DEPARTMENT OF _____ ON REGULAR BASIS**

1. Name of the Candidate:- _____

2. Father/Husband's Name:- _____

3. Date of Birth:- _____

Age in Completed Years & Months on the date of interview:-

4. Local Address:- _____

5. Permanent Address:- _____

6. Email id:- _____ Mb.No.:- _____

7. Category:- SC/ST/OBC/UR _____

8. Valid DMC Registration No. _____

9. Academic /Professional Qualification starting from MBBS/Diploma/PG Degree:-

| S.No. | Examination | Total Marks Obtained | % of Marks | Board/University | Month & Year of Passing | No. of Attempts |
|-------|-------------|----------------------|------------|------------------|-------------------------|-----------------|
| | | | | | | |

Signature of the Candidate

10. Experience : Whether worked as Senior Resident Earlier, If so, the period thereof and name and Address of the hospital/ institution. Write N.A. if not applicable.

| S.No. | NAME OF EMPLOYER | DESIGNATION | PAY SCALE | NATURE OF DUTIES | PERIOD FROM TO | LAST PAY DRAWN |
|--------------|-------------------------|--------------------|------------------|-------------------------|-----------------------|-----------------------|
| | | | | | | |

11. Any additional information Publication/Research:-

DECLARATION:-

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE / INCORRECT, MY APPLICATION/SELECTION MAY BE CANCELLED AT ANY TIME AND I WILL BE SOLE RESPONSIBLE FOR THAT.

Signature of the Candidate

**New Delhi
Dated:**