



JANAKPURI SUPER SPECIALITY HOSPITAL
(AN AUTONOMOUS INSTITUTE)
GOVT. OF NCT OF DELHI

C-2B, JANAKPURI, NEW DELHI-110058

Website: www.jsshs.org www.ealth.delhigovt.nic.in

Email: janakpurijssh@yahoo.com Phone: 011-28504100

No. F.1(826)/JSSH/Estt./DMS Recruitment/2022/ 1218

Dated:- 17/03/2022

RECRUITMENT NOTICE

Janakpuri Super Speciality Hospital Society (JSSHS) is an Autonomous Institute registered under Society Act under Government of National Capital Territory of Delhi. This institute is customer and eco-friendly caters to close to 4,50,000 Outdoor patients (OPD) per year along with Indoor facilities.

The Employees of JSSHS are committed and believe in quality services.

The facilities available in the hospital include :

- ❖ NABL accredited Laboratories with complete automation. The Laboratory Information System (LIS) is in place and the patients can access digitally signed PDF reports through URL sent to them via SMS.
- ❖ Non-invasive cardiology facilities like Echocardiography (Trans-thoracic and Transoesophageal Echocardiography), TMT, Long-term Holter monitoring, Head Up Tilt Test (HUTT) and Pulmonary Function Tests.
- ❖ International standard Cardiac Cath Lab with facilities of Angiography, Balloon Angioplasty, Stenting, Temporary and Permanent Pacemaker placement and Intra cardiac device implantation.
- ❖ Upper and Lower GI Endoscopy services.
- ❖ Neurodiagnostic services like EEG, Electromyogram (EMG), Nerve Conduction Velocity (NCV) studies, Sleep study and Video Epilepsy Monitoring.
- ❖ Dialysis unit with 23 dialysis stations equipped with latest machines. The dialysis unit performs 70 to 75 haemodialysis sessions every day.
- ❖ Senior-senior Citizen Clinic where all facilities are available under one roof on the ground floor of the hospital for individuals above the age of 70 years.
- ❖ This Institute received FICCI Healthcare Excellence Award for customer services in the year 2014.

Continuing Medical Education programs and Public Education Awareness sessions are regularly organized in the Institute.

Applications are invited for filling up 01 post of Deputy Medical Superintendent on Contract Basis for Janakpuri Super Speciality Hospital Society, Janakpuri, New Delhi. The details of the post, Eligibility, Terms & conditions & Application form are as below.

Details of post advertised

S. No.	Name of the Post	Number of posts category wise					Total
		UR	SC	ST	OBC	EWS	
1	Deputy Medical Superintendent	--	--	01	--	--	01
	Total number of posts	--	--	01	--	--	01

While every care has been taken in preparing the Category wise vacancy position chart, the Office reserves the right to rectify errors and omissions, if any, detected at any stage.

Eligibility

1. Age limit : 50 years
2. Educational Qualification : MBBS from a Recognized University/Institute with MD (Hospital Administration)/MHA recognized by Medical Council of India.
3. Experience : Nine (09) years experience in Hospital Administration of at least 200 bedded hospital.

Terms & Conditions

1. Janakpuri Super Speciality Hospital Society is an Autonomous Institute established under the Government of NCT of Delhi. Service under the Institute is governed by the Act and the Rules & Regulations framed there under. The appointment of Deputy Medical Superintendent is purely contractual and as per the provisions stated in the Society Memorandum of Association.
2. **The appointment will be initially for a period 5 years with a notice period of 3 months from either side of severance of contract. Further extension will be based on Annual Performance Appraisal Report upto the age of superannuation in the Government of NCT of Delhi.** The contractual engagement shall not be pensionable.
3. The emoluments will be as per Revised Pay Rules Level 13 (Rs. 1,23,100/- plus admissible allowances per month) and as per rules approved by the Governing Council of JSSHS.
4. The Competent Authority reserves the right to alter/cancel the number of posts at any stage or to withdraw the process, in full or in part. The Competent Authority also reserves the right to reject any or all applications received without assigning any reasons or giving notice etc. Any corrigendum will be published only on the website of the hospital and Department of H&FW, GNCTD.
5. The application should be accompanied by caste certificate of belonging to Scheduled Tribe (ST) category. The certificate should be issued by competent Judicial/Revenue authorities. The appointment under ST category will be provisional and subject to the caste certificate being verified through the proper channels. If the verification reveals that the claim of belonging to ST 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 (as per DOPT OM No. 36033/4/97-Estt (Res) dated 25 July 2003).
6. Application fee (Non refundable) of Rs. 500/- for ST candidates shall be paid through **online payment** on hospital website i.e. www.jsshs.org.

7. Applications in the prescribed format along with "online transaction receipt" of Application fee and self-attested copies of the certificates should reach the office of **"The Director, Administrative Block, 1st Floor, Janakpuri Super Speciality Hospital, C-2B, Janakpuri, New Delhi – 110058 (Telephone : 011-25552023) through "Speed Post" on or before 05.04.2022 till 04.00 P.M.** In case the last date of receipt of application is declared a holiday, the last date for receipt of the application will be considered as next working day.
8. Age and all other qualifications i.e. experience etc. will be counted as on last date of receipt of application. The age relaxation will be as per rules of Govt. of India and candidates seeking benefits of relaxation in age and fee under ST category should produce the relevant certificates issued by competent Authority.
9. Candidates currently working should also enclose '**No Objection Certificate**' from their present employer.
10. Applications that are received after the stipulated date and time will not be considered, and the Hospital administration shall not be responsible for any postal delay. Similarly, the Applications lacking complete information as per the proforma, non-remittance of requisite application fee and failure to submit copies of relevant documents will make the application liable to be rejected without any communication.
11. Applicants should indicate the name and discipline of the post applied for legibly on the envelope and first page of prescribed "APPLICATION FORM".
12. The applicants who do not have requisite qualifications up to the last date for submission of applications, will not be considered.
13. The selection process will be through an Interview conducted by a Selection Committee as constituted by Department of H&FW, GNCTD of Delhi.
14. In case of large number of applications, the Administration reserves the right to shortlist the candidates on the basis of experience and qualifications. The list of shortlisted candidates for interviews will be displayed on the website of the hospital (www.jsshs.org) under the link "Career & Opportunities" and on the Notice Board of Administrative block, JSSH. Candidates are requested to visit the website of the hospital on regular basis to see the list of shortlisted candidates.
15. The date, time and venue for interview will be informed through website of the hospital (www.jsshs.org) under the link "Career & Opportunities" in due course of time. The date, time and venue for interview will also be displayed on the website of Department of Health & Family Welfare of Govt. of NCT of Delhi (www.health.delhigovt.nic.in) under the link "Vacancy & Result". No separate call letters will be issued for interviews. Candidates should report one hour before the time of interview. No TA/DA shall be paid for appearing in the interview.
16. The candidates while appearing for interview will need to produce all relevant original documents along with one attested photocopy each of all testimonials/certificates and one passport size photograph.
17. Any canvassing by or on behalf of the candidate or any outside influence in any form with regard to selection will lead to disqualification.
18. **The candidate must have a valid DMC registration certificate.**
19. The candidate should not have been convicted by any court of law.
20. The decision of the Chairman of the Selection board regarding selection of the candidates will be final and no representation will be entertained in this regard.
21. The selected candidates will have to follow rules & regulations of hospital and will not question the same. The post is whole time and private practice of any kind is strictly prohibited.
22. The appointment will be subject to physical fitness from the competent medical board for which the candidate will be sent to designated medical authority by the Institution before joining the post.

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23. The appointment will be terminated if any declaration/information furnished is found to be false or any material/fact is suppressed willfully.
 24. In case of any dispute the legal jurisdiction will be Delhi only.
 25. **Notwithstanding the Terms & Conditions mentioned above, the Terms & Conditions of the appointment will be solely governed by the orders of the Governing Council of the JSSHS, as decided by it from time to time.**
 26. The candidates may send any query/enquiry related to recruitment on the e-mail recruitmentjsshs@gmail.com.


COL. (DR.) H.C. SHARMA
MEDICAL SUPERINTENDENT/H.O.O.

Col. Dr. H.C. Sharma (Retd.)
Medical Superintendent
Janakpuri Super Speciality Hospital Society
C2B Janak Puri, New Delhi-110053



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APPLICATION FORM FOR DEPUTY MEDICAL SUPERINTENDENT

Affix a passport
size photograph

Advt. No.:- F.1(826)/JSSH/Estt./DMS Recruitment/2022/

dated

1. Application for the Post of: Deputy Medical Superintendent

2. Name of the Applicant: _____

Details of Online Payment		Tick the Applicable Category
Transaction ID No.:		ST
Amount:		(Enclose proof of caste i.e. Caste Certificate issued by Competent Authority)
Dated:		
Name of the Bank:		

3. Father's and Mother's Name: _____

4. Spouse Name: _____

5. Date of Birth: _____

6. Age as on last date of
submission of Application:

Years	Months	Days
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7. Present Address: _____

Telephone/ Mobile No. _____ E-mail: _____

8. Permanent Address: _____

Telephone/ Mobile No. _____ E-mail: _____

9. Nationality: _____

10. Permanent MCI /DMC/State Medical Council Registration No. & Place of Registration:
MBBS:

MD/MHA:

11. Details of Educational Qualifications:

Name of Examination	No. of attempts	Maximum Marks and Marks Obtained	% of Marks	Month and Year of passing	College & University

12. **Experience:** Experience certificate issued by the competent authority clearly indicating dates (from and to) stating the nature of the job to be attached. (Particulars of Employments held should be given in chronological order):

S. No.	Name of the Employer and Address	Post Held	From	To	Nature of work performed or being performed

(Use separate sheet if space is inadequate)

13. Any other information you wish to add:

14. Check List: (Please tick in the box given below as proof of enclosures. All Certificates must be self-attested and be attached in the following order :

- | | |
|--|--------------------------|
| (i) Certificate in support of age (Class 10 th) | <input type="checkbox"/> |
| (ii) Certificates and Mark sheets of Educational Qualifications | <input type="checkbox"/> |
| (iii) Registration with DMC | <input type="checkbox"/> |
| (iv) Registration with Medical Council of India | <input type="checkbox"/> |
| (v) ST certificate | <input type="checkbox"/> |
| (vi) Experience Certificate(s) | <input type="checkbox"/> |
| (vii) No Objection Certificate (if the candidate is already working) | <input type="checkbox"/> |

DECLARATION

1. I hereby declare that the information submitted and the facts stated in this form are true to the best of my knowledge and belief.
2. I understand that in the event of any information/facts being found to be false/incorrect, my candidature/services will be terminated and any further action, as deemed appropriate, may be taken.
3. I accept the Terms & Conditions stated in the Recruitment Notice.

Place:

Date:

(Full Name & Signature of the Applicant)