## GOVT. OF NCT OF DELHI OFFICE OF THE MEDICAL SUPERINTENDENT SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA, DABRI NEW DELHI-110045

No.F.2(42)/SDDMASC/Hiring Doctor/Nursing/Paramedical/2019/Vol-III/6/9 7

Date: 2 | 03 | 22

## NOTICE FOR WALK IN INTERVIEW FOR HIRING OF Medical Officer ON CONTRACTUAL BASIS TILL 31.03.2022

The SDDMASC will hold an Open Walk-In-Interview for filling up of vacant posts of Medical Officer on Contract basis from 21.03.2022. The interview will be carried out daily till seat is filled or till 31.03.2022, whichever is earlier. Interested candidates may report in the office of Medical Superintendent, Administrative Block. 2<sup>nd</sup> Floor, SDDMASC, Dabri, New Delhi-110045 with application (attached hereunder) along with self attested photocopies of Educational Qualification, registration with DMC, experience certificate, 03 passport size photographs at 9.00 am.

Medical Officer	Vacancy	Minimum Qualification	Remuneration (Basic + 31% DA)
	01	M.B.B.S	56,100+ 17,391=Rs 73,491

## Terms & Condition:-

- 1. Post of Medical officer is against the vacancy arising due to transfer of officers/official on diverted capacity to the COVID Hospital.
- 2. The above recruitment is for the period upto 31.03.2022 or till the official returns back from the diverted capacity, which ever is earlier.
- 3. There is no other perks, privilege and any other benefits other than consolidated salary mentioned above. This appointment is no way shall be considered for further continuance or regularisation thereof.
- 4. These vacancies may be increased/decreased as per the requirement.
- 5. The services can be terminated without assigning any reasons with one day notice.

(Dr Rajiv Kumar Gupta Medical Superintenden

## GOVT OF NCT OF DELHI SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA DABRI, NEW DELHI-45



	APPLICATION PROFORMA F	OR Doctors/Nursing Officers/Par	ramedical staff	20.0
1.	Name (in Block Letter):			22 and 16/5/2023
2.	Post Applied:			Paste here recei
3.	Date of birth;	Age as on 22-4-2021	- 2	
4.	rather's Name:			passport siz
5.	Permanent Address:			priotograpii,
6.	Correspondence Address:			
		W .		and the second second
				80 E
7.	Email ID:			
8.	Mobile No			9 2
9.	ADHAAR No			
10.	Academic Qualification:			
11.	Registration with DMC/MCI/DNC/NCI/Pa	aramedical Institute/	2	
	12. Any false information will I	ead to cancellation of application/jo	ob.	a u
	Undertaking:- I do hereby solemnly de best of my knowledge and belief.  Date:-	eclare and affirm that the above ir	nformation declared by	me is correct to the
		1	/N	* .
	En:-	e s	(Name and signatu	ire of the candidate)

- 1. Birth Certificate
- 2. Copy of Degree Certificate
- 3. Registration Certificate