



F.1/4(3)/IGH/2021/Rec./Vol-I/#000683636/ 11044 Dt.21/10/2022

RECRUITMENT NOTICE

Subject- Filling up of vacant Posts of Specialists at Indira Gandhi Hospital, purely on Contract Basis.

The MEDICAL DIRECTOR, INDIRA GANDHI HOSPITAL, invites applications for recruitment of Specialists on the basis of **Interview, purely on CONTRACT BASIS, for a period of One Year, or till Regular incumbent joins whichever is earlier.**

Detail of the posts, for which recruitment by Hospital is intended, is as follows-

| S.No. | POST | PAY | No. of POST* | CONSOLIDATED PAY {Basic+ NPA @ 20% DA @ 38% +} | Category |
|-------|---|----------|--------------|--|----------------|
| 1. | SPECIALIST (DENTAL SUREGEON) | Level-11 | 01 | Rs. 1,12,111/- | UR-1 |
| 2. | SPECIALIST (MEDICINE) | Level-11 | 02 | -do- | OBC-1 EWS-1 |
| 3. | SPECIALIST (PSYCHIATRY) | Level-11 | 01 | -do- | UR-1 |
| 4. | SPECIALIST (RESPIRATORY MEDICINE)** | Level-11 | 01 | -do- | UR-1 |
| 5. | SPECIALIST (GEN. SURGERY) | Level-11 | 01 | -do- | OBC-1 |
| 6. | SPECIALIST (RADIO. DIAGNOSIS) | Level-11 | 01 | -do- | SC-1 |
| 7. | SPECIALIST (Obs. & Gynae.) | Level-11 | 03 | -do- | OBC-2 SC-1 |
| 8. | SPECIALIST (ANAESTHESIA) | Level-11 | 02 | -do- | ST-1 OBC-1 |
| 9. | SPECIALIST (PAEDIATRICS) | Level-11 | 01 | -do- | UR-1 |

Note-

1. The number of vacancy may vary at the time of Interview.
2. The Competent Authority reserves the right to cancel a part or whole of this recruitment exercise, pending publication of final result.

BL

A. ESSENTIAL EDUCATIONAL QUALIFICATION :-

A.(1) For S.No. 1

1. A recognised Bachelor of Dental Surgery Degree qualification included in Part-1 of the Dentists Act, 1948 (16 of 1948).

OR

A recognised Dental qualification obtained upto 01.11.1972 under Part-II of the Schedule to the Dentists Act, 1948 (16 of 1948).

OR

A recognised Dental qualification granted by authority or institution outside India only when granted to a citizen of India upto 13.08.2009 under Part-III of the Schedule to the Dentists Act, 1948 (16 of 1948).

OR

Any person who is citizen of India possessing foreign qualification and has appeared and passed the Screening Test Examination as per Screening Test Regulation 2009 w.e.f. 13.08.2009.

2. A Post-Graduate qualification in Dentistry i.e. M.D.S. in Oral Surgery from a recognised University or equivalent.
3. A minimum of three years' experience in a Oral & Maxillofacial Surgery after Post-Graduation from any recognised Institution (Govt./Pvt.);
4. Should be registered with any State Dental Council or Tribunal in India.

A.(2) For S. No. 2 to 9

1. A recognized MBBS degree qualification included in the First Schedule or Second Schedule or Part II of the third Schedule (other than licentiate qualifications) to the Indian Medical Council Act, 1956 (102 of 1956). Holders of Educational qualifications included in Part II of the Third Schedule should also fulfil the conditions specified in sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956).
2. Post-graduate Degree or Diploma in the concerned speciality or Super-Speciality mentioned in Section-A or Section-B in Schedule-VI of National Medical Council.
3. **Three years' experience in the concerned speciality after obtaining the first Post-graduate Degree or 5 years' experience after obtaining the Post-graduate Diploma.**

Note: For the post of Physician (Chest and Respiratory Disease) 3 years' experience in Respiratory Laboratories is required. **

B. DEADLINE FOR SUBMITTING APPLICATIONS

Last Date of submission of application is on or before **07/11/2022** till 04.00 pm.

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C. MODE OF APPLICATION

Through Offline Mode only. Hard copies of Application alongwith copy of self-attested requisite documents is to be submitted in **Diary & Dispatch Section, 5th Floor, OPD-Block By Hand or Through Speed Post/ Registered Post/ Courier; Addressed to "The Medical Director, Indira Gandhi Hospital, Sector-09, Dwarka, Delhi-77"**.

D. MODE OF SELECTION

The selection will be through interview basis only.

E. DATE OF INTERVIEW

SHORTLISTED CANDIDATES WILL BE INTIMATED DATE & TIME OF INTERVIEW THROUGH e-mail & SMS AND PUBLIC NOTICE TO THIS EFFECT SHALL BE PUBLISHED ON WEBSITE ON HEALTH & FAMILY WELFARE (GNCTD). *(All candidates are required to mention their Phone Number and e-mail correctly.)*

F. AGE

Candidate shall not exceed **age 45 years** on the last date of application submission.

Age relaxation will be as per extant rule for candidates belonging to Reserved (SC/ST/OBC/ PwD/ EWS) Category.

G. GENERAL TERMS AND CONDITIONS .

1. **SC /ST** certificates issued only from Competent Judicial/Revenue authorities shall be accepted.
2. For candidates applying for **OBC/EWS** category, the certificate must be issued by the Competent Authority of Govt. Of NCT of Delhi. Further **the certificate must have been issued on or before the submission of application by the candidate**
3. **OBC/EWS** certificates issued from Govt. of NCT of Delhi shall only be accepted.
4. **OBC** certificate should mention their belonging to Non-Creamy Layer for within year.
5. In case of **EWS** the engagement 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.

BC

6. Candidates for Dental Specialist must have valid **Registration Certificate from any State Dental Council/ DMC** Registration Certificate.
7. Candidates applying for the Posts mentioned from S. No. 2 to 9 shall have valid DMC Registration Certificate and candidates who have applied for DMC may also be considered, in such case copy of Acknowledgement must be enclosed.
8. Copies of Aadhar Card/ Voter I.D. Card/ Passport/ Driving License/etc. shall only be considered as proof of Residence Proof.
9. Number of the vacancies is provisional and subject to change without any notice.
10. The services of the Specialists (Dental)/ Specialists, will be governed by the extant Rules of Govt. of NCT of Delhi/ MoHFW.
11. The candidates who are already in Contractual/ Adhoc Govt. Service should submit NOC from his/her employer.
12. The appointment may be terminated at any time by 15 days notice given by either side i.e. the appointee or appointing authority. No Notice is required, if service is terminated on disciplinary grounds.
13. The appointed candidate will not be entitled to any kind of accommodation and other concessionary allowances.
14. Appointee /employee to the post will not be entitled to claim to Permanent position/regularisation of services.
15. The Candidates must bring the Original Certificates at the time of Interview for Verification.
16. No TA /DA will be paid for appearing in the interview
17. Engagement shall be subject to Medical Fitness and verification of certificates /documents.
18. Any canvassing by or on behalf of the candidate or any outside influence in any form with regard to selection will lead to disqualification.
19. The assessment of each shortlisted candidate shall be conducted through Interview Board constituted by the Competent Authority.
20. The appointment will be terminated at any stage if any declaration/ information furnished is found false or any material/fact is suppressed wilfully.
21. The decision of the Selection Board regarding selection of the candidates will be final and no representation will be entertained in this regard.
22. The candidates should not have been convicted by any court of law.
23. In case of any legal dispute, the jurisdiction of court will be Delhi/New Delhi only.
24. The list of selected candidates will be displayed on website (www.health.delhigovt.nic.in) No separate intimation letter will be sent to individual candidates.

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H. DOCUMENTS REQUIRED

Candidates must **attach** the following self Attested documents with application :-

1. 4 Passport size photos.
2. Copy of Certificate/ Mark Sheet of Matriculation.
3. Copy of Certificate/ Mark Sheet of Senior Secondary.
4. Copy of Certificate/ Mark Sheet of BDS/ MBBS Degree.
5. Copy of Internship Completion Certificate.
6. Copy of Certificate/ Mark Sheet of MD/ MS/ MDS/ P.G. Degree.
7. Copy of Attempt Certificate.
8. Copy of Experience Certificate.
9. Copy of **Registration Certificate from any State Dental Council for Dental Specialist/ DMC Registration Certificate.**
10. DMC certificate or copy of DMC Acknowledgement.
11. Copy of Caste Certificate (SC/ST/OBC)/ EwS/ PWD) Certificate.
12. Copy of OBC/EwS certificate (The certificates issued by Govt. of NCT of Delhi shall only be accepted. OBC certificate should mention their belonging to Non-Creamy Layer for within Financial Year.
13. Copy of Residence Proof (Aadhar Card/Voter I.D. Card/ Passport/ Driving License/etc.)

I. NOTE-

1. No Application will be accepted **after due date/ time i.e. 07/11/2022 till 4:00 PM..**
2. The Competent Authority reserves the right to amend, cancel this advertisement as a whole or any of it's part without assigning any reason or giving notice, at any stage. Corrigendum, if any, will be published only on the website of Health and Family Welfare, GNCTD.


(Prof. Dr. B.L. CHAUDHARY)
MEDICAL DIRECTOR

CHECKLIST FOR THE INTERVIEW OF SPECIALIST

CANDIDATE'S NAME

DEPARTMENT

DATE

E-MAIL

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IN THE FOLLOWING ORDER ONLY

| S.N. | PARTICULARS | <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> | REMARKS, IF ANY |
|------|---|---|-----------------|
| 1 | APPLICATION FORM DULY FILLED | | |
| 2 | DoB CERTIFICATE (10TH) | | |
| 3 | SR. SECONDARY SCHOOL MARKSHEET/CERTIFICATE | | |
| 4 | MBBS/ BDS MARKSHEETS AND DEGREE | | |
| 5 | PG DEGREE (MD/ MS/ MDS/ DNB) | | |
| 6 | PG (MD/ MS/ MDS/ DNB) MARKSHEETS AND DEGREE | | |
| 7 | State Dental Council/ DDC/ DMC REGISTRATION CERTIFICATE ACKNOWLEDGEMENT RECEIPT | | |
| 8 | SENIOR RESIDENCY, IF ANY | | |
| 9 | CASTE CERTIFICATE (SC/ST/OBC (DELHI) (CURRENT NON CREAMY LAYER) EWS (WITHIN YEAR) | | |
| 10 | EXPERIENCE CERTIFICATE | | |
| 11 | AADHAAR CARD NO | | |
| 12 | ADDRESS PROOF | | |

SIGNATURE OF THE CANDIDATE



Application Form for the Post of SPECIALISTS PURELY ON CONTRACT BASIS

Department _____

(All fields are mandatory to be filled)

1. Name of the applicant:
2. Father's /Husband's Name:
3. Mother's name:
4. Marital Status:
5. Gender :
6. Date of Birth:
7. Age as on date of interview : ____ Years ____ Month ____ Days
8. Category: GEN/ EWS/ PwD/ SC/ ST/ OBC/ Others:
9. Correspondence Address with Pin code:
10. Permanent Address:
11. Email ID:
12. Mobile No.
13. Nationality:
14. DDC/ DMC (State Dental Council) Reg. No. with date
15. Educational Qualification:

Affix a
passport size
photograph

| S No. | Education | Board/University | Year of Passing | Total Marks | Marks Obtained | Percentage | No of Attempts |
|-------|--|------------------|-----------------|-------------|----------------|------------|----------------|
| 1 | X | | | | | | |
| 2 | XII | | | | | | |
| 3 | MBBS | | | | | | |
| 4 | MS/ MD/ MDS/ DNB/ Diploma | | | | | | |
| 5 | Super Speciality (If any) | | | | | | |
| 6 | Any other relevant Qualification | | | | | | |

- 16. Experience:** Experience certificate (to be attached) issued by the Competent Authority indicating dates, & Nature of Job (particulars of employments in Chronological order):

| Name of Employer/Institute & address | Designation/ Post held | Department | Period | | Total Duration | Nature of work performed or being performing |
|--------------------------------------|------------------------|------------|--------|----|----------------|--|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |

17. Additional information, if any:-

18. Character & Antecedents:

- | | | |
|-----|---|--------|
| (a) | Have you ever been arrested?: | Yes/No |
| (b) | Have you ever been prosecuted: | Yes/No |
| (c) | Have you ever been kept under detention?: | Yes/No |
| (d) | Have you ever been bound down?: | Yes/No |
| (e) | Have you ever been fined by a Court of Law?: | Yes/No |
| (f) | Have you ever been convicted by Court of Law?: | Yes/No |
| (g) | Is any case pending against you in any Court of Law?: | Yes/No |
| (h) | Have you ever been involved in any Criminal case?: | Yes/No |

19. Documents attached:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

Date:

Signature of the candidate

Declaration

I _____ D/o. S/O _____ solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of my information being found false or incorrect or ineligibility detected at any point of time, I understand that my application/ candidature will be immediately rejected/ disqualified without any notice.

I understand and agree to the General Terms and Conditions.

Signature of Candidate

Name of Candidate

Place:

Date: