

GOVT. OF NCT OF DELHI
SATYAWADI RAJA HARISHCHANDRA HOSPITAL
PLOT NO.30: SEC-7A: NARELA DELHI-110040
TEL: 27787304, FAX: 27787305

F. No. 3(10)/SRHC/H&FW/Rec./Pt.XIV/2022/ 14731

Dated: 02.11/22

NOTICE FOR WALK-IN INTERVIEW FOR JUNIOR RESIDENT

Walk-in interview for the following vacant posts of Junior Resident (MBBS) under residency Scheme in this hospital on regular basis initially for a period of six months extendible up to further a period of six months(a total period of Junior residency should not exceed one year), subject to the satisfactory work & conduct report from HOD/In-charge concerned.

Vacancy for advertisement for Junior Residents:-

| Posts | No. of Posts | | | | | | Date of Interview |
|---|--------------|----|----|-----|-----|-------|---|
| | UR | SC | ST | OBC | EWS | Total | |
| Junior Resident (MBBS) | 02+ | 02 | 02 | 01 | 01 | 08+ | 09.11.2022(candidates-with First Name starting from A to M) |
| | *03 | | | | | 03 | 10.11.2022(candidates-with First Name starting from N to Z) |
| One post of JR will be reserved for Persons with disabilities (OH). | | | | | | | |

*03 vacancies under UR category arise on 30.11.2022

The number of vacancies may vary.

ELIGIBILITY CRITERIA FOR THE POST OF JUNIOR RESIDENT (MBBS):-

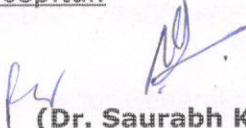
- 1. Qualifications:-** MBBS degree from recognized University/Institute must have valid registration certificate with Delhi Medical Council. Candidate must not have completed one year Junior Residency from any recognized institution of India including regular or ad-hoc basis.
- 2. Internship:-** The candidate should have completed compulsory rotating internship after 09.11.2020.
- 3. Pay Scale Junior Resident:-** Pay matrix of Level-10(Rs. 56100-177500)+NPA+ and other admissible allowances per month.
- 4. Age Limit for Junior Residents** 30 years as on date of interview for General category candidates, 35 years for SC/ST and 33 years for OBC.
- 5. OBC/EWS certificate** issued by Govt. of NCT of Delhi shall only be accepted and the same must have been issued before the date of Interview. Further, the OBC certificate must possess Non Creamy Layer certificate for the current year along with his/her cast certificate.
- 6. Junior Residents** who have completed one year of Junior Residency shall also be allowed to appear in the Interview and will be offered residency only if fresh candidates for the post of Junior Residents are not available. There would be no extension for any Junior Resident beyond one year of appointment under relaxed provisions (vide Circular No. F. 121/26/2010/H & FW/1996-2045 dated 10.06.2011).
- 7. Post Graduate doctors** who are interested to serve as Junior Residents will be allowed to join as Jr. Residents, if fresh graduates are not available.
- 8. Hostel Accommodation** is compulsory for Junior Residents. No HRA will be paid if the candidate stays outside.
- 9. Appointment** will be subject to verification of certificates of educational qualification/age/caste/DMC registration and internship completion certificate etc.

Contd....

28

10. There is no fee for appearing in the Interview. No TA/DA will be given for appearing in interview.
11. Reservation for Person with disabilities candidates / Differently abled persons shall be as per rules of Govt. of India.
12. In case of any inadvertent error detected at a later stage the same will be rectified as per rule.
13. Competent Authority reserves the right of any amendment or cancellation of the advertisement at any stage.
14. Jurisdiction of- Dispute in case of any legal dispute the jurisdiction of Court will Delhi/New Delhi only.
15. **All the eligible candidates should report in the office of the under signed (Time for registration from 9:00AM to 11:00 AM only).**
16. In case of non availability of suitable SC/ST/OBC/EWS candidates shall be filled on ad-hoc basis from other category & vice-versa for smooth functioning of patient care service.
17. Candidate must submit their Bio-data with photo copy of certificate, one photograph and original documents should be shown at the time of interview.
18. **Candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertised before appearing in the interview.**
19. Candidates who are presently working on ad-hoc basis in this hospital will have to apply a fresh in response to this advertisement.
20. Selection will be on merit basis strictly.


The candidates appearing for interview are hereby directed to download the application format attached with the Advertisement and filled application format may be submitted in Conference Room at 1st Floor of this hospital.


(Dr. Saurabh Kumar)
Head of office

F. No. 3(10)/SRHC/H&FW/Rec./Pt.XIV/2022/ 14732-33

Dated: 03/11/22

1. Directorate of Health Services, GNCTD, F-17, Karkardooma, Delhi with the request to upload the Notice for Walk-in-Interview on the website of Delhi Govt.
2. All MS, of Delhi Govt. Hospitals with the request to display on the Notice Board of your hospital.


(Dr. Saurabh Kumar)
Head of office



APPLICATION FOR JR SHIP

1. Name of the Candidate _____

2. Name of Father/Husband: _____

3. Date of Birth _____

Photo

4. Category (Tick):- SC/ST/OBC/GEN

5. Physically Handicapped:- Yes/No

6. Date of completion of Internship :- _____

7. Qualification:-

| S.No. | Qualification | Name of Medical College | Name of University/Board | Year of passing | Number of attempts |
|-------|---------------|-------------------------|--------------------------|-----------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

8. DMC Registration Number _____ Date _____

9. Address:-

(A) Local :- _____

(B) Permanent:- _____

10. Telephone/Mobil No. _____ (E-mail Id _____)

11. Present employment, if any

(i) Name of employer:- _____

(ii) Date of employment:- _____

(iii) Designation:- _____

This is to certify that I have not done Junior Resident Ship in any government or recognized hospital/ I have done JR Ship for the period as under:-

| Name of Institution/Hospital | Post held | Adhoc/Regular | Period | | Total Period |
|------------------------------|-----------|---------------|--------|----|--------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(Delete whichever is not applicable).

The above information (s) are true and correct to the best of my knowledge and if found otherwise, I am liable to be penalized including termination of service without any notice.

Date:- _____,

(Signature of candidate)

Name _____

Enclosure:- Self attested copies

1. MBBS Mark sheet.
2. Internship completion certificate.
3. DMC Registration certificate.
4. Certificate in proof of Date of Birth.
5. SC/ST/OBC certificate (if applicable).
6. Physically Handicapped Certificate (If applicable).
7. NOC from the employer if already employed.
8. Attempt Certificate