### GOVT. OF NCT OF DELHI SANJAY GANDHI MEMORIAL HOSPITAL MANGOLPURI: DELHI 110 083 EPABX No: 011-27900333 (011-27900100-339) Fax: 011-27924403, E-mail: mssgmh@rediffmail.com, admsgmh@gmail.com





#### No. F.1(325)/SR interview( Reg)/SGMH Pt II/2022 414-9417 Dated: (7.08.23

## WALK-IN INTERVIEW FOR SENIOR RESIDENTS

Applications are invited in the prescribed format from eligible candidatesforWalk - In-Interview forSenior Resident in Department of Orthopaedics for filling up the vacant posts on Ad-hoc Basis in Sanjay Gandhi Memorial Hospital, in view of acute shortage of senior residents in the Department Of Orthopaedics.Candidate should report at 4th Floor Admin Branch in Administrative Block SGM Hospital as per the schedule given in the advertisement between 10AM to 03 P.M for registration along with therequisite document (photocopy & Original).

#### I. FOR SENIOR RESIDENTS:

## Table No. (1)

| Sr.<br>No. | DEPARTMENT   | CATEGORY WISE VACANCY          | SCHDULE                                 |  |  |
|------------|--------------|--------------------------------|---|--|--|
| 1.         | Orthopaedics | 08(UR-02, OBC-03,SC-02,EWS-01) | Daily From 18.08.2023<br>10 am to 03 pm |  |  |

Out of total posts, 4% posts are reserved for Person with Disabilities as per rule.

## Remarks:

- Posts are reserved for SC, ST, OBC candidates, (OBC from Delhi only) as per rule. In case of non-(i) availability of suitable candidates of reserve category, reserve category seat(s) will be filled by candidates of general category / another category on Ad-hoc basis. Out of total posts, 4% posts are reserved for Person with Disabilities as per rulesand reservation to EWS quota is as per applicable rules.
- (ii) Candidate must submit the latest OBC certificate issued for the current financial year by the competent authority of Delhi Govt.
- Qualification: The candidate should be MBBS with P.G. Degree/Diploma/DNB/MBBS as per 1. Residency Scheme in concerned specialty from a recognized University/Institution and should be registered with Delhi Medical Council (DMC) with MBBS and requisite postgraduate qualification or candidate has applied for DMC registration and has proof of 'having applied for' at the time of interview. Must not have completed 03 years Senior Residency in any recognized institution either on Regular or Adhoc basis.
- Pav Scale: As per 7th CPC Pay matrix level 11, Pay Rs. 67700/- plus allowances as admissible under 2. the rule.
- Age as on date of interview:(i) The age shall be maximum of 45 years on date of interview as per 3. Order No. DHf&w/Q015/57/2016-HR-Medical-Secy.(H&FW)/CD NO.#112425062/1502-08 dated 26.11.2020 issued by H&FW Department, GNCTD. The age is relaxable as per applicable rules for reserved categories on the date of interview. OBC candidates( Non Creamy layer belonging to Delhi only) are required to submit their updated caste certificate issued by the Govt. of NCT of Delhi on prescribed format on the date of the interview.
- Tenure: Initial appointment will be for a period of 89 days . The candidate has to appear for Regular 4. interview for these posts at SGM Hospital as and when it is conducted .

#### 5. Other conditions/requirements:

The candidates who are already in govt. service should submit a NOC from his/her employer. 1.

2. Interview will be conducted daily between 9am to 3 pm till all the Ad-hoc post in department of orthopaedics are filling.

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- 3. Candidates are required to bring all original certificates and testimonials along with two passport size photographs on the date of interview.
- 4. The posts will be filled up in phases as per availability of vacancies
- 5. No TA/DA will be paid for appearing in the interview.
- 6. Hostel accommodation is mandatory for selected candidates subjected to availability.
- 7. Number of the vacancies is provisional and subject to change without any notice.
- 8. OBC certificates issued from Govt. of NCT of Delhi shall only be accepted.
- 9. OBC candidates who wish to considered against the OBC vacancies must have in possession of valid Non-Creamy Layer Certificate for the current financial year.
- 10. EWS candidates who wish to considered against the EWS vacancies must have in possession of valid Certificate for the current financial year.
- 11. 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 Ad-hoc basis.
- 12. In case of SC/ST/OBC/EWS certificate reveals that the claim to belong to these categories is fake/false, 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 Panel Code for production of fake/false certificate.
- 13. 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.
- 14. All appointment shall be subject to medical fitness by the Staff Physician of SGMH and verification of certificate of education qualification/age/caste/submission of valid DMC registration certificate and internship completion certificate etc.
- 15. Mode of selection will be through interview only.
- 16. In case of any inadvertent error detected at a later stage the same will be rectified as per rules.
- 17. Competent Authority reserves the right of any amendment or cancellation of the advertisement.
- 18. Competent Authority reserve right to decide in case of any dispute with regard to selection process.
- 19. The number of vacant post may vary.
- 20. SRs are appointed for maximum period of 03 years, including previous experience, if any.
- 21. All the columns in application must be filled properly as incomplete application is liable to be rejected summarily.
- 22. All the required certificates duly self-attested by applicant must be attached with application. The candidates must carry their original certificates at the time of interview.
- 23. If Selected:-

**a**. It is mandatory for Resident Doctor to avail Hostel facility if available. The Resident Doctor who have been allotted hostel are not allowed to vacate the Hostel till the completion of his/her tenure, resignation or termination of his/her service.

**b.** The candidate has to submit an undertaking that he is not working at any Government or Private Health Care Facility at the time of joining this Institution and will not work in any Government or Private Health Care Facility during his/her tenure in this hospital. If found otherwise, strict action will be taken including termination of services.

**c.** The candidate should submit NOC (No Objection Certificate) and LPC (Last Pay Certificate) from the previous employer if applicable.

**d**. The candidate should adhere to the proper uniform (white apron) of doctors. If found without proper uniform strict action will be taken against the candidate, including termination of services.

**Submission of application:** Candidate should report at 4<sup>th</sup> Floor Admin Branch in Administrative Block SGM Hospital as per the schedule given in the advertisement between 9AM to 03 P.M for registration along with the requisite document (photocopy & Original).

 The result shall be displayed on the website <u>www.health.delhigovt.nic.in</u> result section, website of SGM hospital and notice board. NOTE: -

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- 1. After declaration of result, candidates have to submit their acceptance of offer to join within 48 hours the second se within 48 hours through e-mail at mssgmh@rediffmail.com
- Competent Authority reserves the right to any amendment, cancellation and changes of the advertisement 2. advertisement.
- 3. Bring duly filled application form with photograph & checklist (Formats enclosed).

### Copy to: -

- 1. Notice Board of Hospital.
- 2. Notice Board of Hostel.
- 3. Website of H&FW Deptt., GNCTD and SGMH
- 4. All the Hospitals, Delhi

MEDICAL SUPERINTENDENT SANJAY GANDHI MEMORIAL HOSPITAL

## GOVT. OF NCT OF DELHI SANJAY GANDHI MEMORIAL HOSPITAL MANGOLPURI: DELHI 110 083

Application for the post of Senior Resident

| 1. | Name of the Candidate:.                         |                      |                      |                      |                      |      |           |  |
|----|---|----------------------|----------------------|----------------------|----------------------|------|-----------|--|
| 2. | Father's/Husband Name                           |                      |                      |                      |                      | Past | te your   |  |
| 3. | Date of Birth:                                  |                      |                      |                      |                      | re   | ecent     |  |
| 4. | Age as on Interview Date                        |                      |                      |                      |                      |      | port size |  |
| 5. | Postal Address:                                 |                      |                      |                      |                      | pho  | tograph   |  |
|    |   |                      |                      |                      |                      |      |           |  |
| 6. | Permanent Address:                              |                      |                      |                      |                      |      |           |  |
|    |   |                      |                      |                      |                      |      |           |  |
|    |   |                      |                      |                      |                      |      |           |  |
| 7. | Category -UR / SC/ST/O                          | BC (OBC of           | Delhi Only)/         | PH                   |                      |      |           |  |
| 8. | Mobile No:                                      |                      |                      |                      |                      |      |           |  |
| 9. | Email address:                                  |                      |                      |                      |                      |      |           |  |
|    | MBBS (Year of passing)                          |                      |                      |                      |                      |      |           |  |
|    | DMC Registration No.                            |                      |                      |                      |                      |      |           |  |
|    | Date of Completion of<br>Internship             |                      |                      |                      |                      |      |           |  |
|    | College Name                                    |                      |                      |                      |                      |      |           |  |
|    | University Name                                 |                      |                      |                      |                      |      |           |  |
|    | % of marks (Final Year)                         |                      |                      |                      |                      |      |           |  |
|    | NO. of Attempts                                 | 1 <sup>st</sup> year | 2 <sup>nd</sup> year | 3 <sup>rd</sup> year | 4 <sup>th</sup> year |      |           |  |
|    |   |                      |                      |                      |                      |      |           |  |
|    | Post Graduate Qualification<br>(Degree/Diploma) |                      |                      |                      |                      |      |           |  |
|    | Name of college/University                      |                      |                      |                      |                      |      |           |  |
|    | No. of Attempts in PG                           |                      |                      |                      |                      |      |           |  |
|    | L   | _                    |                      |                      |                      |      |           |  |

10. Experience:....

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothin has been concealed thereof.

Further, I am do undertake that the above statements found false at any stage in future, My appointment m be cancelled and I shall be liable for disciplinary action whatever deemed fit.

Place:..... Date:.....

(Signature of Applicant)

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# GOVT. OF NCT OF DELHI SANJAY GANDHI MEMORIAL HOSPITAL MANGOLPURI: DELHI 110 083

# CHECK LIST FOR ADHOC INTERVIEW OF SENIOR RESIDENT

# DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IS AS UNDER AND FOLLOWING ORDER:

| S.NO. | DOCUMENTS  | CHECK LIST |
|-------|--|------------|
| 1.    | APPLICATION FORM   |            |
| 2.    | DOB CERTIFICATE (10 <sup>TH</sup> CERTIFICATE/MARKSHEET) |            |
| 3.    | CASTE CERTIFICATE.                                       |            |
| 4.    | MBBS MARKSHEET AND DEGREE/CERTIFICATE.                   |            |
| 5.    | DATE OF INTERNSHIP CERTIFICATE/ATTEMP CERTIFICATE        |            |
| 5.    | DMC REGISTRATION (MBBS)                                  |            |
| 7.    | PG DEGREE/DIPLOMA CERTIFICATE                            |            |
| 8.    | ATTEMPTS CERTIFICATE                                     |            |
| 9.    | AADHAR CARD  |            |

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