



भारत सरकार/GOVERNMENT OF INDIA
MINISTRY OF HEALTH&FAMILY WELFARE
डा.राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAMMANOHAR LOHIA HOSPITAL, NEW DELHI



File No. 17-1(119)/2011 RMLH (HA-I) 2932

Dated: 15/03/2017

Engagement of Consultant on Contract basis

— Applications are invited from retired Government Officers who has worked as Assistant and not attained the age of 65 years on the last date of receipt of applications, for engagement as Consultants, purely on contract basis initially for a period of One year. Remuneration per month and no of the post would be as follows.

Sl. No.	Name of the Post	No. Of the Post	Remuneration per month.
1.	Assistant Consultant	01 (One)	Rs. 15,000/-

Interested candidates may submit their applications in the prescribed format, along with brief indicating past experience to HA-I Section, Room No. 18 Dr. RML Hospital, Baba Khark Singh Marg, New Delhi latest 20th March 2017 upto 11:00 AM.

Shortlisted candidates will be called for Walk-In-Interview on 20th March 2017 at 02:00PM in Room No. 08 Old Building, Dr. RML Hospital, New Delhi. The name of shortlisted candidates candidates would be displayed on the website i.e www.rmlh.nic.in.

(Shambhu Kumar)

Deputy Director Administration.

1. Attested copies of certificate/experience certificate should be enclosed with the application, in absence of which the applications will be summarily rejected.
2. Only such candidates who will be able to join immediately are advised to apply.
3. The selected candidates will be informed over telephone & therefore they are advised to mention to contract No. accordingly.

Number of vacancies is likely to change depending upon the requirement at the time engagement on contract.

Anex-I

Application for the post of Consultant Assistant on Contractual basis in Dr. RML Hospital, New Delhi.

1. Name of candidate:.....

2. Father/Husband's Name :.....

3. Date of Birth :.....

4. Present Address :.....

(With Mobile No.)

.....

.....

5. Permanent Address:.....

(With Mobile No.)

.....

.....

6. Nationality :.....Category..... Gender. M F

7. Details of Educational Qualification

Qualification	Year of Passing	Name of College with University	Result/percentage	Experience
10th				
10 th + 2				

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Signature of candidate
(Only in running hand)

Place:.....

Date :.....