



भारत सरकार/ GOVERNMENT OF INDIA

स्वास्थ्य एवं परिवार कल्याण मंत्रालय/ Ministry of Health & Family Welfare

स्नातकोत्तर आर्युविज्ञान शिक्षण एवं शोध संस्थान एवं
डॉ राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH &

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001

Tele: 23404443/23365525 Fax-23361758
Email: ddarmlh@gmail.com

File No. 17-13(12)/2013-RMLH (HA-I)/ _____
Dated : / / 2017

Sub:- To fill up One Post of Transplant Co-Ordinator on contract basis for a period of 09 months. The detail qualification & remuneration of the posts is given as under.

Name & No of the Post	Qualification & Remuneration
Transplant Co-Ordinator (01) One	<ul style="list-style-type: none">➤ Graduate from any recognized system of Medicine; or➤ Nurse; or➤ Bachelor's Degree in any subject and preferably Master's Degree in Social work (MSW) or Mass Communications Health Education, Community Health. <p>Remuneration : Rs. 20,000/ (Consolidated per month.)</p>

The application are invited from the of suitable candidates who are eligible and can be spared immediately. The candidate may be deposit their application along with self attested documents till 26.05.2017 between 09:30 AM to 04:30 PM on any working days except Sunday & Holiday in HA-I Section, Room No. 18 Old Nursing Home Building of Dr. Ram Manohar Lohia Hospital Baba Kharak Singh Marg New Delhi- 110001 in duly filled in prescribed format of as per **Annex-I** the same in available on the hospital's Website www.rmlh.nic.in.

-Sd-
(Shambhu Kumar)
Deputy Director Administration.

Annex-I

Application for the post of Transplant Co-Ordinator 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

Paste here firmly
your recent
photograph

(4cm x 5cm)

(Do not staple. Do
not get the
photograph attested)

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 :.....