The Medical Superintendent, Dr. Ram Manohar Lohia Hospital, New Delhi invites applications from Indian National in the Prescribed form (Annexure-I) for the posts of Junior Residents (Dental) for one year. The reservation of posts will be as per 200 point Roster.

<table>
<thead>
<tr>
<th>Category Wise break up of Vacant Posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>EWS</td>
</tr>
<tr>
<td>01</td>
</tr>
</tbody>
</table>

Vacancies may increase or decrease at the time of selection. The Number of Vacancies indicated as above is provisional. This is subjected to change without any notice.

Session of OBC-1 candidates will be started from 16.04.20 and session of EWS and OBC-2 candidates will be started from 23.04.20.

1. **Emoluments:**
   Pay scale Rs. 56100-1,77,500/- plus applicable admissible allowances in pay matrix (level 10) under CCS (Revised Pay) Rules, 2016 at entry level.

2. **Eligibility:**
   a. BDS from a recognized University.
   b. Should be registered with Delhi Dental Council/ Dental Council in India/State Dental Council
   c. Candidates with only acknowledgement of Dental Council will not be considered.
   d. Only those candidates who have completed / likely to complete Internship by 31.12.2019 may apply. The candidates who have completed the Internship before 31.12.2017 need not apply; as such candidates would not be eligible.
   e. Candidates who have already done/doing six months/more than 06 months Jr. Residency is not eligible.

3. **Age Limit:**
   a) Not exceeding 30 years for EWS (UR) (relax able 3 years for OBC) as on 31.12.2019

4. **Reservation:**
   All reservations will be considered in the above posts strictly in accordance with prescribed norms/rules.
5. **Terms & Condition of Recruitment:**

a) Prescribed Application form duly filled & signed (Annexure-I) should be accompanied with self attested copies of Final mark sheets of BDS examination, DDC/DCI registration certificate, Internship completion certificate, Category certificate, 10th class passing certificate and copy of Aadhar Card along with non-refundable Demand Draft of Rs. 800/- for OBC candidates payable to PAO, Dr. Ram Manohar Lohia Hospital, New Delhi-110001. EWS candidates are exempted from Fee. Demand Draft should be purchased/issued after the date of advertisement. Application form addressed to The Medical Superintendent, Dr. R.M.L Hospital, New Delhi should reach Central Diary and Dispatch Section, Near Gate no. 1, Dr. Ram Manohar Lohia Hospital, New Delhi latest by 31.12.2019 till 4:00 P.M. The hospital will not be responsible for any postal delay. Application fee once deposited shall not be refunded under any circumstances.

b) Crucial date for determination of eligibility with reference to age, qualification and experience etc. will be on 31.12.2019.

c) Incomplete application in any respect will not be considered. All previous applications received in this hospital will be treated as cancelled and only application in response to this Advertisement on Prescribed form will be considered.

d) The selection will be based on written examination.

e) Cut-off for written examination will be 50 % for EWS, 45 % for OBC.

f) DDC/DCI Certificate mandatory at the time of joining (If selected) for candidates registered with State Dental Council.

g) The schedule of written examination will be mentioned on the Admit Card/displayed on the hospital website.

h) The Admit Card will be uploaded on hospital website only (www.rmlh.nic.in).

i) If OBC Candidate does not submit valid OBC certificate, the candidature will be rejected. **OBC Candidates are strictly instructed to submit the OBC certificate as per given annexure-II.**

j) If EWS Candidate does not submit valid EWS certificate, the candidature will be rejected. **EWS Candidates are strictly instructed to submit the EWS certificate as per given annexure-III.**

k) The list of rejected candidates after screening will be displayed on the notice board of the Academic Section/Website latest by 15th January 2020. All representation regarding rejection should be received in the section by 22th January 2020 till 4:00 P.M. and no representation will be entertained after the date.

l) Appointment to selected/waitlisted candidates will only be given after verification of original documents.

m) Status of Hepatitis B vaccination of applicants should be submitted as an undertaking.

n) The competent authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason.

o) No TA/DA will be paid for this purpose.

p) The applicants are advised to visit the website periodically for updates.

q) All future information, Corrigendum, clarification in this regard will be displayed on the notice board of Academic Section & hospital website (www.rmlh.nic.in).

**Jurisdiction of Dispute:** In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

**Note:** It is informed that Dr. RML Hospital will not made individual communication to any candidate. Any update (Admit Card, Result, Offer Letter etc.) in respect of written examination will be uploaded on Dr. RML Hospital official Website only.

**Chief Medical Officer**

(Academic)
Annexure-I

GOVERNMENT OF INDIA
PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Application Form for the Post of Junior Resident (Dental)-January 2020

1. Name (in block letters) ________________________________

2. Father's Name ______________________________________

3. Date of Birth ____________________________

4. Permanent Address (in block letters) __________________________

5. Local Address (in block letters) __________________________

With Telephone No (If any) ____________________ Mobile No - ____________________

6. Nationality __________________________ E-mail __________________________ Aadhar No.

7. Educational Qualification:

<table>
<thead>
<tr>
<th>Exam Passed</th>
<th>Name of College/ Institute</th>
<th>Year of Passing</th>
<th>Max. Marks Obtained</th>
<th>% Final (BDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Whether OBC/EWS with Documentary evidence (tick in the box): [ ]

   In case of OBC category certificate should be in the given annexure-II for the Central Govt. jobs.

9. Date of Internship completion should be (Between 31.12.17 and 31.12.19) ________

10. Percentage of aggregate marks in all professional Examinations (BDS): ________

11. Permanent D.D.C. /D.C.I. Registration No. __________________________

12. Whether done any Junior Residency (Dental) at RMLH or outside, if so mention the details:-

<table>
<thead>
<tr>
<th>Designation</th>
<th>Government Institution/Hospital</th>
<th>Duration of Tenure</th>
<th>Total Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Resident</td>
<td></td>
<td>From To</td>
<td></td>
</tr>
</tbody>
</table>

Note: - Candidates, who have done six month JR ship (Dental), will not be eligible for the post.
DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge, belief and I shall abide by the rules and regulation of the RMLH. In the event of any information found incorrect my candidature will be liable for rejection summarily.

Check list (Please tick in the box given below as proof of enclosures).

|---------------------------------|--------------------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|-----------------|-----------------------------|--------------------------------|

DATE: __________

(SIGNATURE OF THE APPLICANT)

N.B: Please enclose the following with the application form:

1. One recent Passport size Photograph. (Space Provided)
2. Copies of all the Certificates/testimonials duly self attested.

PLEASE NOTE:

1. Incomplete applications will be rejected straight way.
2. OBC Certificate is accepted only in given annexure-II otherwise application will be rejected.
3. Only Demand Draft of Rs.800/- for EWS & OBC Candidates in favor of the P.A.O., Dr. Ram Manohar Lohia Hospital, New Delhi – 110001 will be accepted. No other means of payment would be accepted.
4. If it is found, that the applicant has suppressed any information or given wrong information his/her junior Residency will be terminated forthwith without assigning any reason.
FROM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR
APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

This is to certify that Shri/Smt./Kumari ____________________________ son/daughter of
__________________________ of village/town_________________________ in
District/Division_________________________ in the State/Union Territory
_________________________ belongs to the __________________________ community which is
recognized as a backward class under the Government of India, Ministry of Social Justice and
Empowerment's Resolution No. ___________________________ dated _____________. Shri/Smt./Kumari
_________________________ and/or his/her family ordinarily reside(s) in the
District/Division of the __________________________ State/Union
Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer)
mentioned in Column 3 of the schedule to the Government of India. Department of Personnel & Training
O.M. No. 36012/22/93 – Estt.(SCT) dated 8.9.1993**

Dated:

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of
India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.
Government of ............
(Name & Address of the authority issuing the certificate)

INCOME & ASSESSMENT CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. ___________________________ Date: ___________________________

VALID FOR THE YEAR ____________________

This is to certify that Shri/Smt./Kumari son/daughter/wife of permanent resident of Village/Street

Post Office _________ District _________ in the State/Union Territory Pin Code _________ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year. His/her family does not own or possess any of the following assets***:

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

Shri/Smt./Kumari belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office ___________________________
Name ___________________________
Designation ___________________________

Recent Passport size attested photograph of the applicant

*Note: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 16 years

***Note 3: The property held by a “Family” in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. ___________________________

[Signature]

[Date]