



भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आर्युविज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001



Tele: 011-23404439

Dated:

Sub: - Notice Inviting Application for the post of Junior Resident (Dental)-2023

Important Dates	
Start date and time for Submission of Application	27.03.2023
Last date and time of Submission of Application	10.04.2023 till 03:00 PM
Uploading list of Rejected Candidates	21.04.2023
Uploading of Admit Card with list of eligible candidates	05.05.2023
Date of Written Examination	14.05.2023
Date of declaration of result	Minimum 3 days from the date of Written Examination

Note :- The dates mentioned above are subject to change due to administrative reasons, if any, which will be intimated only on the hospital website.

The Medical Superintendent, ABVIMS & 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.

Category wise breakup of the vacant post of Junior Resident (Dental)					
UR	EWS	OBC	SC	ST	Total
3	1	1	1	1	7

Note:- 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.

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:-

- BDS from a recognized University.
- Delhi Dental Council Registration Certificate/ Acknowledgement required for appearing in Examination and after Selection Permanent Registration of Delhi Dental Council will be mandatory for joining.**
- Only those candidates who have completed / likely to complete Internship on or before last date of submission of application may apply subject to submission of **Delhi Dental Council registration Certificate or Acknowledgement. Permanent Registration certificate of Delhi Dental Council will be mandatory for joining.**
- The candidates who have completed the Internship on or before **31.12.2020** need not apply; as such candidates would not be eligible.
- Candidates who have already done JR ship are not eligible.

3. Age Limit:

- Not exceeding 30 years for UR (relaxation of 3 years for OBC, 05 years for SC, ST) as on **date of last date of submission of application.**

4. Reservation:

All reservations will be considered in the above posts strictly in accordance with prescribed norms/rules.

- a. SC/ST candidates to submit copy of community/caste certificate from desirable authority.
- b. OBC candidates should submit valid OBC certificate with Non Creamy Layer Certificate issued in present financial year.
- c. EWS candidates to submit copy of Income & Asset Certificate having date of issue on or after **01.04.2022** vide OM No. 36039/1/2019-Estt(Res) dated 31.01.2019 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi.

5. Terms & Condition of Recruitment:

- a. Application should be submitted in Central Diary & Dispatch Section, Near Gate No. 3, ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi-110001, latest by **10.04.2023** till 03:00 PM. The application send by post must be having written prominently on the top of the envelop "Application for the post of Junior Resident (Dental). It is also informed that Hospital will not be responsible for any Postal delay.

Note:- Application fees of Rs. 800/- for UR and OBC candidates & no fees required for EWS/SC/ST candidates. Application fees to be paid through NEFT and RTGS or online transferred to the below mentioned account:

Account Name : **Medical Superintendent - Digital Payment Account**
Bank Branch/Add : **Bank of Baroda, Dr. RML Hospital, New Delhi - 110001**
Account No. : **26020200000382**
IFSC : **BARBORAMDEL (fifth digit is "Zero")**
MICR: **110012061**

Note: Application fees once remitted shall not be refunded under any circumstances.

Candidate must attach Payment Receipt (UTR No.) with the application, if any candidate don't attach the payment receipt with application format his/he application will be rejected and no communication will be entertained in this regard.

- b. Prescribed Application form duly filled & signed (Annexure-I) should be accompanied with self attested copies of Final mark sheets of BDS examination, Delhi Dental Council registration certificate, Internship completion certificate, Category certificate, 10th class passing certificate and copy of Aadhar Card, copy of PAN card .
- c. Crucial date for determination of eligibility with reference to age, qualification and experience etc. will be last date of submission of application.
- d. 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.
- e. **The selection will be based on written examination. There will be a written MCQ test of one hour having 50 questions.**
- f. The List of eligible candidates for the written examination will be uploaded on hospital website only (www.rmlh.nic.in). After scrutiny the list of rejected candidates will also be displayed on hospital website.
- g. If OBC, EWS, SC & ST Candidate does not submit valid certificate, the candidature will be rejected.
- h. Appointment to selected/waitlisted candidates will only be given after verification of **original documents.**

- i. 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.
- j. No TA/DA will be paid for this purpose.
- k. All future information, Corrigendum, clarification in respect of Written Examination, Result etc. will be displayed on hospital website (www.rmlh.nic.in). No separate notification will be sent.
- l. The applicants are advised to visit the website regularly for updates.
- m. **If it is found, that the applicant has suppressed any information or given wrong information his/her Junior Residency (Dental) will be terminated forthwith without assigning any reason.**

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 (List of Eligible Candidates, Admit Card, Result, Offer Letter etc.) in respect of examination will be uploaded on Dr. RML Hospital official Website (www.rmlh.nic.in) only. The applicants are advised to visit the website periodically for updates.

18/12/23

**Chief Medical Officer (Academic),
for Medical Superintendent
ABVIMS & Dr. RML Hospital,
New Delhi-110001**

Annexure-1



भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आर्युर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
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Application Form for the Post of Junior Resident (Dental)- January 2023

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 _____ PAN No. _____

6. Nationality _____ E-mail _____ Aadhar No _____

7. Educational Qualification:

Exam Passed	Name of College/ Institute	Year of Passing	Max. Marks Obtained	% Final (BDS)
BDS				

8. Whether OBC/SC/ST/EWS with Documentary evidence (write in the box):
(In case of OBC category, certificate should be in Central Govt. Performa.)

9. Date of Internship completion should be (Between 01.01.2021 to 10.04.2023)

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

11. Permanent Delhi Dental Council Registration No. _____

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

Designation	Government Institution/Hospital	Duration of Tenure		Total Period
		From	To	
Junior Resident (Dental)				

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. IN THE EVENT OF ANY INFORMATION FOUND INCORRECT MY CANDIDATURE WILL BE LIABLE FOR REJECTION SUMMARILY.

(SIGNATURE OF THE APPLICANT)

Self attested Copies of all the Certificates/testimonials should be Paginated.

	PHOTOCOPY OF FINAL BDS MARK SHEETS	PHOTOCOPY OF PERMANENT DDC REGISTRATION CERTIFICATE /ACKNOWLEDGEMENT	PHOTOCOPY OF INTERNSHIP COMPLETION CERTIFICATE	PHOTOCOPY OF MATRICULATION CERTIFICATE	PHOTOCOPY OF CASTE CERTIFICATE IF ANY	FEE RECEIPT/UTR SLIP (EXAM . FEE PAID)	COPY OF AAD HAR CARD AND PAN CARD
Please Mark (X/Tick)							
Page Nos.							

PLEASE NOTE:

INCOMPLETE APPLICATIONS WILL BE REJECTED STRAIGHT WAY.

DATE: _____

Place: _____

(SIGNATURE OF THE APPLICANT)