भारत सरकार/ GOVERNMENT OF INDIA
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान,
डां.राम मनोहर लोहिया अस्पताल, नई दिल्ली
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES &
DR. RAM MONOHAR LOHIA HOSPITAL, NEW DELHI

**No. DATC/HoD/Psychiatry/President's Estate/ABVIMS/RMLH/2026/43** **dated 08/01/2026**

## WALK IN INTERVIEW

Applications are invited from the interested candidates for filling up of the following posts on contract basis for a period of one year for De-Addiction Ward and Treatment Centre at Department of Psychiatry, ABVIMS & Dr. RML Hospital New Delhi under Drug De-Addiction Programme of Ministry of Health and Family Welfare.

**All the above are post for the duration of one year**

| S. No. | Name of Post | No. of Post | Essential & Other Qualification | Work Experience | Age (years) | Consolidated Emoluments | Interview Dates & Venue |
|---|---|---|---|---|---|---|---|
| 1 | **Senior Resident** | 2 | MD/DNB in Psychiatry from recognized University (permitted by MCI). And Registered with Delhi Medical Council (DMC) | **Nil** | **18 to 45** | **Rs.1,15,300/- per month (consolidated) with no any other allowances** | **Dated :-** 16/01/2026 **Reporting Time :-** 09:00am **Venue: -** Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, opposite Birla Mandir adjacent to Navyug School . |
| 2 | **Nursing Officer** | 5 | B.Sc (Hons) Nursing/B.Sc Nursing from an Indian Nursing Council/State Nursing Council from recognized Institute University | **Nil** | **18 to 45** | **Rs. 37,500/- ( per month (consolidated) with no any other allowances** | **Dated :-** 19/01/2026 **Reporting Time :-** 09:00am **Venue: -** Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | OR<br><br>B.Sc (post-certificate)/ Post Basic B.Sc Nursing from an Indian Nursing Council/State Nursing Council recognized Institute /University<br>AND<br>B) Registered as Nurses & Midwife with State/Indian Nursing Council | | | | opposite Birla Mandir adjacent to Navyug School . |
| | | | GNM course from institute/ University<br><br>AND<br><br>Registered as Nurses & Midwife with State/Indian Nursing Council | 02 (Two) years experience in a minimum 50 bedded Hospital after acquiring the educational qualifications mentioned above as applicable. | | | |
| 3 | **Counsellor** | 3 | Post Graduate in Psychology/Social Work. | Nil | **22 to 45** | **Rs. 31,250/- per month (consolidated) with no other allowances** | **Dated :-** 28/01/2026<br>**Reporting Time :-** 09:00am<br><br>**Venue:** - Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, opposite Birla Mandir adjacent to Navyug School. |
| 4 | **Pharmacist** | 1 | Bachelor of Pharmacy<br>Or | NIL | **20 to 35** | **Rs. 26,250/- per per month (consolidated)** | **Dated :-** 28/01/2026<br>**Reporting Time :-** 09:00am |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | Diploma in Pharmacy with | two years experience | | **with no other allowances** | **Venue: -** Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, opposite Birla Mandir adjacent to Navyug School . |
| 5 | **Data Entry Operator cum Records clerk** | 2 | Graduate from any recognized board , 35 W.P.M English Typing<br>have basic computer skills (MS Word, Excel, Power Point) | 01 year experience with NoC current/ previous employer | **20 to 30** | **Rs. 24,500/- per month (consolidated) with no other allowances** | **Dated :-** 30/01/2026<br>**Reporting Time :-** 09:00am<br><br>**Venue: -** Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, opposite Birla Mandir adjacent to Navyug School .<br>**Skill test will done for candidates short listed in the interview.** |
| 6 | **MTS** | 6 | 12th Standard passed from any recognized board | NIL | **18 to 30** | **Rs. 22,411/- per month (consolidated) with no other allowances** | **Dated :-** 30/01/2026<br>**Reporting Time :-** 09:00am<br><br>**Venue: -** Seminar Hall, Department of Psychiatry, ABVIMS & Dr RML Hospital, opposite Birla Mandir adjacent to Navyug School .<br><br>**Skill test will done for candidates short listed in the interview.** |

**HoD Psychiatry**

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT IN DEPARTMENT OF PSYCHIATRY FOR DE-ADDICTION AND TREATMENT CENTRE AT ABVIMS, DR. RML HOSPITAL**

Photograph

**(To be filled in the handwriting of the Applicant)**

1. Name in Full (Capital Letters):
2. Sex:
3. Age &Date of Birth:
4. Father's Name:
5. Nationality:
6. Permanent Address:
7. Address for Communication:
8. Mobile No:
9. Email ID:
10. Educational Qualifications (MBBS Onwards)

| **Name of Exam** | **Maximum Marks** | **Marks Obtained** | **% of Marks** | **No. of Failures** | **Institute/ College** | **University** | **Year of Passing** |
|---|---|---|---|---|---|---|---|
| MBBS Ist Year | | | | | | | |
| IInd Year | | | | | | | |
| IIIrd Year (Part-1) | | | | | | | |
| IIIrd Year (Part-2) | | | | | | | |
| Total | | | | | | | |

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|---|---|---|---|---|---|---|---|
| MD/MS/DIPL OMA/DNB | | | | | | | |

11. Research Papers Published if any (Give details & Proof) :

12. Details of Service rendered earlier/ Experience in related field:

| **Designation** | **Name of the Organization** | **Marks Obtained** | **Duration of Tenure** | | **Total Period** |
|---|---|---|---|---|---|
| | | | From | To | |
| | | | | | |

13. Medical Registration Number and Place of Registration/ DMC Registration Number (for PG):

14. Date of PG completion

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**

**(With date)**

**List of enclosures (all self attested):** **Please Tick** **Page no.**

1. **Class 10th Certificate for age proof**
2. **Mark Sheet of MBBS (Part I, II and Final Year)**
3. **Internship Completion Certificate**
4. **MBBS Attempt Certificate**
5. **MBBS Degree**
6. **MD/MS (PG) Attempt Certificate**
7. **MD/MS Degree/ Provisional Pass Certificate from University**
8. **DMC Registration Certificate for PG/Proof of Registration for PG Qualification**
9. **Proof of Publication presenting paper in conference/ case report**
10. **Aadhar Card**
11. **Experience Certificate**

**(Signature of Candidate)**

**APPLICATION FORM FOR THE POST OF NURSING OFFICER IN DEPARTMENT OF PSYCHIATRY FOR DE-ADDICTION AND TREATMENT CENTRE AT ABVIMS, DR. RML HOSPITAL**

Photograph

**(To be filled in the handwriting of the Applicant)**

1. Name in Full (Capital Letters):
2. Sex:
3. Age& Date of Birth:
4. Father's Name:
5. Nationality:
6. Permanent Address:
7. Address for Communication:
8. Mobile No:
9. Email ID:
10. Academic Qualifications (Highest degree first)

| Name of Exam | Maximum Marks | Marks Obtained | % of Marks | No. of Attempts | Institute/ College | University | Year of Passing |
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11. Details of Service rendered earlier/ Experience in related field:

| **Designation** | **Name of the Organization** | **Marks Obtained** | **Duration of Tenure** | | **Total Period** |
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12. Nursing Registration Number and Place of Registration:

13. NOC from current employer attached: Yes/ No

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**
**(With date)**

| **List of Enclosures (All Self Attested)** | **Please Tick** | **Page number** |
|---|---|---|
| 1. **Class 10th Certificate for age proof** | | |
| 2. **Mark Sheet of BSc/ GNM Nursing** | | |
| 3. **Internship Completion Certificate** | | |
| 4. **Nursing Registration Certificate** | | |
| 5. **Aadhar Card** | | |
| 6. **Experience Certificate** | | |
| 7. **NOC from present employee (if employed)** | | |

**APPLICATION FORM FOR THE POST OF COUNSELOR UNDER DRUG DE ADDICTION PROGRAMME OF MINISTRY OF HEALTH AND FAMILY WELFARE**

**(To be filled in the hand writing of the Applicant)**

Photograph

1. Name in Full (Capital Letters):
2. Sex:
3. Age & Date of Birth:
4. Father's Name:
5. Nationality:
6. Permanent Address:
7. Address for Communication:
8. Mobile No:
9. Email ID:
10. Academic Qualification (Highest degree first)

| Name of Exam | Maximum Marks | Marks Obtained | % of Marks | Institute/ College | University | Year of Passing |
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11. Details of Service rendered earlier/Experience in related field:

| Designation | Name of the Organization | Marks Obtained | Duration of Tenure | | Total Period |
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| | | | From | To | |
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12. NOC from current employer attached: Yes/No

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**

**(With date)**

**List of enclosures (all self attested):** **Please Tick** **Page no.**

1. **Curriculum vitae (CV)/Resume**
2. **10th Marksheet for age proof**
3. **12th Marksheet**
4. **Graduation Degree Certificate/Marksheet**
5. **Post Graduate Degree Certificate/Marksheet**
6. **Experience Certificate**
7. **NOC from Present employee (if employed)**
8. **Other Relevant Document :-(_____)**

**(Signature of Candidate)**

**APPLICATION FORM FOR THE POST OF PHARMACIST UNDER DRUG DE ADDICTION PROGRAMME OF MINISTRY OF HEALTH AND FAMILY WELFARE**

**(To be filled in the hand writing of the Applicant)**

Photograph

1. Name in Full (Capital Letters):
2. Sex:
3. Age & Date of Birth:
4. Father's Name:
5. Nationality:
6. Permanent Address:
7. Address for Communication:
8. Mobile No:
9. Email ID:
10. Academic Qualification (Highest degree first)

| Name of Exam | Maximum Marks | Marks Obtained | % of Marks | Institute/ College | University | Year of Passing |
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11. Details of Service rendered earlier/Experience in related field:

| Designation | Name of the Organization | Marks Obtained | Duration of Tenure | | Total Period |
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12. NOC from current employer attached: Yes/No

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**

**(With date)**

**List of enclosures (all self attested):** **Please Tick** **Page no.**

1. **Curriculum vitae (CV)/Resume**
2. **10th Marksheet for age proof**
3. **12th Marksheet**
4. **Graduation Degree Certificate/Marksheet**
5. **Diploma in Pharmacy**
6. **Experience Certificate**
7. **NOC from Present employee (if employed)**
8. **Other Relevant Document :-(_____)**

**(Signature of Candidate)**

**APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATORE CUM RECORDS CLERK IN DEPARTMENTOF PSYCHIATRY FOR DE-ADDICTION AND TREATMENT CENTRE ABVIMS, DR. RML HOSPITAL**

Photograph

**(To be filled in the hand writing of the Applicant)**

1. Name in Full (Capital Letters):
2. Sex:
3. Age & Date of Birth:
4. Father's Name:
5. Nationality:
6. Permanent Address:
7. Address for Communication:
8. Mobile No:
9. Email ID:
10. Academic Qualification (Highest degree first)

| Name of Exam | Maximum Marks | Marks Obtained | % of Marks | Institute/ College | University | Year of Passing |
|---|---|---|---|---|---|---|
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11. Details of Service rendered earlier/Experience in related field:

| Designation | Name of the Organization | Marks Obtained | Duration of Tenure | | Total Period |
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| | | | From | To | |
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12. NOC from current employer attached: Yes/No

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**

**(With date)**

**List of enclosures (all self attested):** **Please Tick** **Page no.**

1. **Curriculum vitae (CV)/Resume**
2. **10th Marksheet for age proof**
3. **12th Marksheet**
4. **Graduation Degree Certificate/Marksheet**
5. **Computer Certificate**
6. **Experience Certificate**
7. **NOC from Present employee (if employed)**
8. **Other Relevant Document :-(_____)**

**(Signature of Candidate)**

**APPLICATION FORM FOR THE POST OF MTS IN DEPARTMENT OF PSYCHIATRY UNDER DRUG DE-ADDICTION PROGRAMME OF MINISTRY OF HEALTH AND FAMILY WELFARE**

**(To be filled in the handwriting of the Applicant)**

Photograph

1. Name in Full (Capital Letters):
1. Sex:
2. Age &Date of Birth:
3. Father's Name:
4. Nationality:
5. Permanent Address:
6. Address for Communication:
7. Mobile No:
8. Email ID:
9. Academic Qualifications (Highest degree first)

| Name of Exam | Maximum Marks | Marks Obtained | % of Marks | Institute/ College | Year of Passing |
|---|---|---|---|---|---|
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10. Details of Service rendered earlier/ Experience in related field:

| Designation | Name of the Organization | Marks Obtained | Duration of Tenure | | Total Period |
|---|---|---|---|---|---|
| | | | From | To | |
| | | | | | |
| | | | | | |
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11. NOC from current employer attached: Yes/No

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name and Signature of Candidate**
**(With date)**

| List of Enclosures (All Self Attested) | Please Tick | Page number |
|---|---|---|
| Curriculum Vitae (CV)/ Resume | | |
| Class 10th Certificate for age proof | | |
| Class 12th Certificate | | |
| Graduation Degree Certificate/ Marksheet | | |
| Computer Certificate (if any) | | |
| Aadhar Card | | |
| Experience Certificate | | |
| NOC from present employee (if employed) | | |

**General Conditions for all the above posts:**

1. Qualifications and experience should be in relevant discipline/ field and from a reputed institution/ organization recognized by relevant authority. Experience shall count from the date of completion of minimum educational qualification.
2. Submission of incorrect or false information during the process of personal discussion shall disqualify the candidature at any stage.
3. Mere fulfilling the essential qualification/experience does not guarantee selection.
4. Candidates already employed in Govt. Service/ Semi-Govt, Autonomous Bodies of State/Central Govt/Private Institution should submit a "No Objection Certificate" from their employer.
5. Above posts are contractual for the duration offered
6. Age will be reckoned from last date of receipt of application.
7. The posts are purely temporary and co-terminable with the Grant-in-Aid. Employees will be on consolidated pay basis.
8. Selected candidates will not have any right to claim for regular appointment.
9. Interested candidates who are willing to apply for the posts are requested to submit attached application forms with Recent Photograph along with self-attested copies of all relevant certificates and experience between 9:00 AM to 10.00 AM on the date of interview.
10. Applications received late will not be considered. Incomplete application, without photograph or without copies of relevant certificates and application not in prescribed format will not be entertained.
11. No TA/DA will be paid for appearing in interview.
12. Any canvassing by or on behalf of the candidates or to bring influence with regard to selection/recruitment shall be disqualification.
13. Jurisdiction of Dispute: In case of any legal dispute the jurisdiction of court will be Delhi/ New Delhi only.
14. In Case there are more candidates the interviews can be extended to the next day.

HoD Psychiatry

Copy to:

- Dr. RMLH website