



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. 18-10/2004RMLH (HA-I)

Dated: 07/07/2018

Notice for the Walk-in-Interview for the Post of Medical Officer in ART Clinic purely on contract basis on 20th July 2018 at 11.00 AM.

Applications are invited engagement of Medical officer in ART Clinic purely on contract basis initially for a period of (01)One year for ART Centre of this hospital.

Sl. No.	Post	Number of the Post	Qualification	Consolidated Remuneration
1.	Medical Officer	01(One)	MBBS	Rs. 36,000/-

Interested Candidates are requested to submit their applications from on or before 19th July 2018 upto 04:00 PM on all working days in Room No. 18 Hospital Administration-I Section Old Building, Dr. Ram Manohar Lohia Hospital New Delhi Baba Khark Singh Marg New Delhi, In prescribed format Annx.

(G.A Raghuvanshi) 07/118

Deputy Director (Admin.)

Interaction for Candidates:-

- Self Attested copies of certificate/Mark Sheet/etc. Should be enclosed with the application from in absence of which the application will summarily be rejected.
- Application duly completed in all respects will be registered as per scheduled date and time.
- Only such candidates who will be able to join the post immediately, are advised to apply.
- The selected Candidates will be informed over phone/email/etc. & therefore they are advised to mention the contract number email. In their C.V/Bio-data application in prescribed Performa.
- 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.

Application for the post of Medical Officer on Contractual basis in the department of ART Clinic in Dr. RML Hospital New Delhi.

1. Name of the Candidate.....
2. Father/Husband,sName:.....
3. Date of Birth:-
4. Present Address:-.....
.....
.....
5. Mobile No& Email ID.....
6. Permanent Address:.....
.....
.....
7. Nationality:-
- 8.
9. Marital Status:-
10. Gender:-
11. Period:-

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attested

12.Details of educational & Technical Qualification

Qualifications	Year of Passing	Name of college with university	Percentage	Exp.
<u>10th</u>				
<u>12th</u>				

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:-
Dated:-