



**GOVERNMENT OF INDIA**  
**POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,**  
**DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI**

No. 3-01/2018-RMLH(HA.II) 8573

Dated: 15/11/18

**NOTICE FOR WALK-IN-INTERVIEW FOR THE POST OF**  
**SENIOR RESIDENT ON AD-HOC BASIS**

A Walk-in-interview will be held on **30.11.2018** for Indian Nationals for appointment of Senior Resident purely on ad-hoc basis (initially for 89 days) in the Department of Forensic Medicine of PGIMER & Dr. RML Hospital, New Delhi.

• **Number of Post and Eligibility Criteria**

S.No.	Name of Department	Number of Post	Eligibility
1.	Forensic Medicine	02 Nos.	<ul style="list-style-type: none"><li>• MBBS with PG Degree/Diploma/DNB in concerned specialty from recognized University (as well as the speciality recognized/permitted by MCI)</li><li>• Should be registered with Delhi Medical Council (DMC).</li></ul>

Note: The number of vacant posts indicated above is provisional which may increase or decrease at the time of interview/selection.

• **Pay Scale:**

Pay Matrix Level 11 (Rs. 67700-208700/-) under CCS (Revised Pay) Rules, 2016 at entry level. Allowances as admissible will be paid.

• **Age Limit:**

- Not exceeding 37 years (relaxable by 5 years for SC/ST, 3 years for OBC) as on **30.11.2018**.
- Age Relaxation of 10 years for Persons with Disability (PWD). 15 years for SC/ST and 13 years for OBC candidates of PWD.

- OBC candidates should submit OBC Certificate **having date of issue on or after 01.04.2016 vide OM No. 36036/2/2013-Estt.(Res-I) dated 31.03.2016 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi.**

- Persons with locomotors disability (PWD) to produce/submit a certificate issued by a competent medical authority.

- **Interested & eligible candidates may present themselves for registration on 30/11/2018 between 10.00 A.M. to 11.00 A.M. in HA.II Section, Academic Block, Ground Floor, PGIMER Building, PGIMER & Dr. R.M.L. Hospital, New Delhi. The candidates must bring the filled application form (as per Annexure) and the following original certificates at the time of registration (with one set of self attested copies of all documents) [The documents should be serially page numbered]:**

2:

1. Class 10<sup>th</sup> 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 under DMC.
9. Proof of publication/presenting paper in conference/Case Report.
10. Caste/Community/Disability Certificate (if applicable). OBC Certificate with required validity as mentioned above.
11. NOC from present employer (if employed).

  
**Director & Medical Superintendent  
PGIMER & Dr. RML Hospital,  
New Delhi**

*o/c*  
  
*10/11/12*

*6/10/11/12*

**ANNEXURE****GOVERNMENT OF INDIA  
PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL : NEW DELHI**Application Form for the Post of **Senior Resident** in **Department** of \_\_\_\_\_ .

1. Name in Full :  
(in block letters)
2. Sex :
3. Age & Date of Birth :
4. Father's Name :
5. Category :  
(SC/ST/OBC/Un-Reserved)
6. Person with Disability (PWD) :
7. Nationality :
8. Permanent Address :  
(In Block Letters)
9. Address for Communication :  
(In Block Letters)
10. Mobile number :
11. e-mail address :

Affix Latest  
Passport Size  
Photograph  
(Self Attested)

## 12. Educational Qualification (MBBS onwards)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Number of Failures	Institute/ College	University	Year of Passing
MBBS							
Ist year							
2 <sup>nd</sup> Year							
3 <sup>rd</sup> Year (Part-I)							
3 <sup>rd</sup> Year (Part-II)							
TOTAL							
MD/MS/ DIPLOMA/ DNB							

13. Research Papers published :  
if any (Give details & Proof)



:2:

14. Details of service done earlier:

Designation (Senior Resident)	Name of Government Organization	Duration of Tenure		Total Period
		From	To	

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

16. 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 PGIMER, Dr. RML Hospital, New Delhi.**

**(Signature of Candidate)**

**List of enclosures (all self-attested):**

**Please Tick Page No.**

- |   |     |     |
|---|-----|-----|
| 1. Class 10 <sup>th</sup> 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. Caste/Community/Disability Certificate (if applicable)                          | ( ) | [ ] |
| 11. NOC from present employer (if employed)   | ( ) | [ ] |

**(Signature of Candidate)**