



सत्यमेव जयते



GOVERNMENT OF INDIA
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES &
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI – 110001

No. 8-01/2019-RMLH(HA.II)

Dated:

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

A **Walk-in-interview** will be held from **11.03.2020 to 16.03.2020** for Indian Nationals for **appointment of Senior Resident purely on ad-hoc basis (initially for 44 days)** in the Department of Community Medicine of **ABVIMS & Dr. RML Hospital, New Delhi on Urgent Basis.**

• **Number of Post and Eligibility Criteria**

S.No.	Name of Department	Number of Post	Eligibility
1.	Community Medicine	06 Nos.	<ul style="list-style-type: none">• MBBS with PG Degree/Diploma/DNB in concerned specialty (MD (PSM/Community Medicine/Community Health Administration) from recognized University (as well as the speciality recognized/permitted by MCI)• Should be registered with Delhi Medical Council (DMC).

• **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:**

a) Not exceeding 45 years (relaxable by 5 years for SC/ST, 3 years for OBC) as on date of Interview.

b) 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 01.01.2017 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 From 11.03.2020 to 16.03.2020 between 10.00 A.M. to 11.00 A.M in HA.II Section, Academic Block, Ground Floor, ABVIMS Building, ABVIMS & 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 10th certificate for age proof.
2. Mark Sheet of MBBS (Part I, II and Final Year)
3. MBBS Degree
4. MD/MS (PG) Attempt Certificate.
5. MD/MS Degree/Provisional Pass Certificate from University.
6. DMC Registration Certificate for PG /Proof of Registration for PG Qualification under DMC.
7. Proof of publication/presenting paper in conference/Case Report.
8. Caste/Community/Disability Certificate (if applicable). OBC Certificate with required validity as mentioned above.
9. NOC from present employer (if employed).


OFFICER I/C (ACADEMIC)

ANNEXURE**GOVERNMENT OF INDIA**
PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL : NEW DELHIApplication 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 nd Year							
3 rd Year (Part-I)							
3 rd 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 th certificate for age proof. | () | [] |
| 2. Mark Sheet of MBBS (Part I, II and Final Year) | () | [] |
| 3. MBBS Degree | () | [] |
| 4. MD/MS (PG) Attempt Certificate | () | [] |
| 5. MD/MS Degree/Provisional Pass Certificate from University | () | [] |
| 6. DMC Registration Certificate for PG /Proof of Registration for PG Qualification. | () | [] |
| 7. Proof of publication/presenting paper in conference/Case Report. | () | [] |
| 8. Caste/Community/Disability Certificate (if applicable) | () | [] |
| 9. NOC from present employer (if employed) | () | [] |

(Signature of Candidate)