



**MEDICAL SERVICES DEPARTMENT
NEW DELHI MUNICIPAL COUNCIL
CHARAK PALIKA HOSPITAL**

**TERMS & CONDITION AND SELECTION CRITERIA FOR APPOINTMENT
OF JUNIOR RESIDENTS (DENTAL) FOR CHARAK PALIKA HOSPITAL &
DENTAL CLINIC DHARAM MARG CHANKAKYA PURI, NEW DELHI NDMC**

Applications are invited for a "Walk-In-Interview" for the post(s) of Junior Resident in the Department of Medical Services, NDMC. Eligible candidates are required to appear in interview on 19.03.2020 at 09.00 A.M in the **Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021**. Appointment shall be subject to medical fitness and verification of certificates/testimonials, age, registration etc.

1. The appointment shall be made as under.

Junior Residents: No. of posts 05

UR	SC	ST	OBC	Total
04	00	00	01	05

2. Candidates are required to bring the following documents in original alongwith self attested photocopies of documents and application form duly filled by candidate in CAPITAL letters only attached at annexure-A
 - a) Proof of date of birth i.e. Birth certificate/matriculation certificate
 - b) Proof of Residential address (Passport/Aadhaar card)
 - c) Mark sheet of BDS
 - d) Degree of BDS
 - e) Attempt certificate of passing BDS
 - f) Internship Completion Certificate
 - g) DDC Certificate/Receipt
 - h) Caste/Community/Disability/EWS Certificate where applicable.OBC Certificate will be accepted in the format of Govt. Of India only.

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3. **Essential Qualifications & Criteria for Junior Resident: -**

- i) B.D.S Degree from a recognized university or equivalent qualification recognized by DCI and registered with Delhi Dental Council (DDC).
- ii) Age limit is 30 years and age relaxation for the SC/ST/OBC/PwD as per rule Govt. of India
- iii) Candidates must have completed their internship on or before the date of interview.
- iv) DDC Registration is mandatory at the time of joining.
- v) Those who have already done one year Junior Residency in any Govt. Hospital Shall not be considered and need not apply.

4. **Age as on 18.03.2020:** The age is relaxable for SC/ST/OBC/PwD as per rules (GOI). However, candidates have to produce a valid SC/ST/OBC/PwD certificate in the prescribed performa.

5. **Appointment & Tenure:** The tenure is purely on temporary basis for a period of 06 months extended upto 01 year after satisfactory performance.

6. **Emoluments Per Month:** Salary based under 7th CPC level-10 of pay matrix, on the Revised Basic Pay of Rs. 56100/- + NPA + Usual allowances as admissible. Residence shall be provided, if available.

7. Selection criteria for appointment:

- e) Marks of final year of MBBS
- f) No. of Attempts in MBBS
- g) Candidates who had passed MBBS in lesser attempts shall be given preference.
- h) Performance in the interview and marks obtained.

8. Reservation for SC/ST/OBC/PWD/EWS shall be applicable as per Govt. of India rules and strictly followed.

9. Number of vacancies advertised may be increased or decreased without further intimation.

10. The Director (MS), New Delhi Municipal Council reserves the right to fill or not to fill any of the posts.
11. No T.A/D.A will be paid for appearing in the interview.
12. Selection shall be subject to verification of the documents and medical fitness and as per the above mentioned terms & conditions.
13. NDMC may cancel the appointment of any candidate during the tenure without assigning any reason.

Dr. D.S. Gunjyal
(Dr. D.S.GUNJIYAL)
Director (Medical Services)

Dr. D. S. Gunjyal
Director (Medical Services)
New Delhi Municipal Council
Charak Palika Hospital, Moti Bagh
New Delhi-110021

CHARAK PALIKA HOSPITAL
MOTI BAGH: NEW DELHI

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (DENTAL)
(TO BE FILLED BY CANDIDATE IN CAPITAL LETTERS ONLY)

1. Name of the Candidate:
2. Father's/Husband Name:
3. Date of Birth & Age:
4. Postal Address (with Mobile No.):
.....
.....
5. Permanent Address:
.....
6. (A) Aadhaar No. (B) PAN No.
7. DMC Registration No. Validity
8. Category Gen./SC/ST/OBC/PwD/EWS:
9. Mobile No. Alt. Mobile No.
10. E-mail (in capitals only):
11. Whether Physically Handicapped: Yes/No.
12. Particulars of exam passed (MBBS with details of attempt in all proof.)

Paste your
recently
photograph
and signature
across

Name of Exam	Year of Passing	No. of attempts	Institute/College & University

I solemnly declare that the above statements made by me in this form are correct and true to the best of my knowledge and nothing has been concealed thereof.

(Signature of Applicant)

Place:

Date: