

DEPARTMENT OF MEDICAL SERVICES NEW DELHI MUNICIPAL COUNCIL.

EMPLOYMENT NOTICE

Applications are invited for a "Walk-In-Interview" for the post(s) of Senior Resident in various specialities in the Deptt. of Medical Services, NDMC. Eligible candidates are required to appear in interview at the Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021 as per the schedule with their Bio-Data & all original certificates & documents. No T.D./D.A. will be paid for appearing in the interview. Number of vacancies advertised may be increased or decreased without further intimation. The Director (MS), New Delhi Municipal Council reserves the right to fill or not to fill any of the posts. Appointment shall be subject to medical fitness and verification of certificates/testimonials, age, registration etc.

• Senior Residents: No. of posts 10.

S. No.	Department	Vacancy	UR	SC	ST	OBC
1.	Medicine	01		01		
2.	Anaesthesia	05	01	02		02
3.	Radiology	01		•		01
4.	Obs. & Gynae	01				01
5.	Paediatrics	02				02
Tota	l No. of Posts	10	9			

- Essential Qualifications: M.B.B.S. with P.G. Degree/Diploma/DNB in the concerned specialty from a recognized university/institution and should have a valid registration with Delhi Medical Council. Must have not completed 03 years Senior Residency in any Govt. Hospital/recognized institution including regular & adhoc period.
- Age as on 28.01.2016 35 years. The age is relaxable for Scheduled Castes & Scheduled Tribes candidates/OBC Candidates/OPH candidates as per the Govt. of India Rules. However candidates have to produce the SC/ST/OBC/OPH certificate in prescribed Performa.
- Reservation for SC/ST/OBC/OPH shall be applicable as per Govt. of India rules and strictly followed.
- Emoluments Per Month: P.B. ₹ 15,600-39,100 + Grade Pay ₹ 6600/- + NPA + Usual allowances as admissible. Residence shall be provided, if available.
- Appointment & Tenure: Initially for a period of 01 year, extendable up to a maximum period of 03 years subject to the satisfactory performance.
- Hostel facility will be provided in the Charak Palika Hospital Campus.

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The candidate must bring the filled application form as per format given in **Annexure-I** and also paste recent passport size photograph on it & should report for a walk in interview on 28.01.2016.

The candidate who is already working in Govt. service should submit No Objection Certificate from the employer at the time of interview.

VENUE: Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021.

REPORTING DATE & TIME: 28.01.2016 & 09.00 A.M. to 10.30 A.M. for verification of certificates and other particulars to the office of the H.A. Branch, Administrative Block, 1st Floor, NDMC, Charak Palika Hospital, Moti Bagh-I, N. Delhi-110021.

INTERVIEW DATE & TIME: 28.01.2016 & 11.00 A.M.

Candidate must attach attested/self attested Photocopies of their Mark Sheets, Certificates and Degrees etc. with the application form.

Candidate is required to produce all Original Mark sheets/ Certificates/Degrees/documents with valid D.M.C. Registration at the time of interview.

Application Form is available on the NDMC web portal.

<u>Jurisdiction of Dispute</u>: In case of any legal dispute, the jurisdiction of court will be Delhi only.

Director (Medical Services)

New Delhi Municipal Council

Dr. Arun Sahai CMO (Medical), N.D.M.C. Charak Palika Hospital Moti Bagh-I, New Delhi-110021

DEPARTMENT OF MEDICAL SERVICES, NEW DELHI MUNICIPAL COUNCIL CHARAK PALIKA HOSPITAL, MOTI BAGH-I, NEW DELHI – 110021 (TEL. NO: 011-26114466, Fax. 011-24670562, Email- cmomedicalservices@gmail.com)

APPLICATION FOI	R THE POST	OF SENIOR R	ESDIENT ()
Forms to be filled in b	y candidate	in his/her ow	n hand wr	iting in E	Block Letters)
1. Name of the Appli (IN BLOCK LETTE					
2. Father's/Husband	d's Name:			•••••	
3. Address for corres	spondence:		.,		
			• • • • • • • • • • • • • • • • • • • •		
4. Email ID	:			•••••	
5. Phone No.	: Resid	dence	Mobile		
6. Nationality	:				
7. Date of Birth	:		•••••	•••••	
8. Age on publication Notice	of :		•••••		
9. Category Whether UR/SC/S OBC of Delhi only	ST/		•••••	•••••	
10. Marital Status	:		•		•••••
11. Academic/Techn	ical Qualifica	tion:			
MBBS & Degree/Diploma/DNB Examination Passed	Name of Institute	Board/ University	Year of Passing	% of Marks	No. Of Attempts in Passing

3. Work Experience:				
NAME OF EMPLOYER (HOSPITAL/INSTITUTE)	DESIGNATION OF POST HELD	PAY SCALE	PERIOD OF EMPLOYMENT	PAY DRAWI
<u> </u>				
UNDER	TAKING IN THE F	OLLOWING	G FORMAT	
All marks statement of M	I.B.B.S.	*	Yes/No	
Registration Certificate of Certificate in support of a Undertaking Self attested copy of Cast	f DMC age se Certificate (SC/S	ST/OBC)	Yes/No Yes/No Yes/No Yes/No Yes/No	
Degree of Post Graduation. Registration Certificate of Certificate in support of a Undertaking. Self attested copy of Cast All documents should be se	f DMC age se Certificate (SC/S	ST/OBC) icant.	Yes/No Yes/No Yes/No Yes/No	
Registration Certificate of Certificate in support of a Undertaking Self attested copy of Cast	f DMC age te Certificate (SC/S elf attested by appliance Declarate that the stateme f my knowledge ealed or misrepre ncelled/withdraw	ST/OBC) icant. tion ints made and belief esented by in therewith	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No by me in this for If at any stage, me, my candidat	it is fou ure for t