

## 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 14.

S. No.	Department	Vacancy 01	
1.	Medicine		
2.	Orthopaedics	01	
3.	Anaesthesia	07	
4.	Paediatrics	02	
5.	Radiology	01	
6.	Obs. & Gynae	01	
7.	Surgery	01	
Total No. of Posts		14	

Reservation roster for SC/ST/OBC/OPH shall be followed as per Govt. of India rules and followed strictly.

- **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 28.12.2015 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.

#### **IMPORTANT**

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 28.12.2015.

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: 28.12.2015 & 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, 1<sup>st</sup> Floor, NDMC, Charak Palika Hospital, Moti Bagh-I, N. Delhi-110021.

INTERVIEW DATE & TIME: 28.12.2015 & 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.  $\wedge$ 

Director (Medical Services) New Delhi Municipal Council

> Dr. M. S. Bhatia Director (M.S.)

# 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 FOR THE POST OF SENIOR RESDIENT (

Degree/Diploma/DNB Examination	Institute	University	Passing	Marks	Attempts in Passing		
MBBS &	Name of	Board/	Year of	% of	No. Of		
11. Academic/Techni	ical Qualifica	tion:					
10. Marital Status	:						
OBC of Delhi only	/PH						
9. Category Whether UR/SC/S							
Notice							
8. Age on publication	of :						
7. Date of Birth	:	: ResidenceMobile					
6. Nationality	:						
5. Phone No.	: Resid						
4. Email ID	:	:					
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3. Address for corres	spondence:						
2. Father's/Husband							
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NAME OF EMPLOYER	DESIGNATION	PAY	PERIOD OF	LAST
(HOSPITAL/INSTITUTE)	OF POST HELD	SCALE	EMPLOYMENT	PAY DRAWN
UNDER	TAKING IN THE F	OLLOWING	G FORMAT	
Iot/have served forasis in any Govt. Hospital, cocuments attached  All marks statement of M. Degree of Post Graduation. Registration Certificate of Certificate in support of a Undertaking  Self attested copy of Cast all documents should be seen	/Institute. I.B.B.S. n/DNB/Diploma f DMC age e Certificate (SC/S	ST/OBC)	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	
	<u>Declarat</u>	ion		
I, solemnly declare and correct to the best of hat facts have been concors to may be treated as care	f my knowledge : ealed or misrepre	and belief. esented by	If at any stage, me, my candidat	it is found
	Signa	ture of the	Candidate:	