

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 Secretary/Director (MS), New Delhi Municipal Council reserves the right to fill or not to fill any of the posts. Appointment shall subject be medical fitness to and verification certificates/testimonials, age, registration etc.

• Senior Residents: No. of posts 10.

S. No.	Department	Vacancy		
1.	Medicine	02		
2.	Paediatric	02		
3.	Anaesthesia	04 01		
4.	Radiology			
5.	Obs. & Gynae	01		
Total No. of Posts		10		

- Essential Qualifications: M.B.B.S. with P.G. Degree/Diploma/D.N.B. 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 04.04.2016: 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: For a period of 03 years.
- Hostel facility will be provided in the Charak Palika Hospital Campus, Moti Bagh-I, New Delhi.

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 04.04.2016.

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: 04.04.2016 & 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: 04.04.20162016 & 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.

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

Director (Medical Services)
New Delhi Municipal Council

Director (Medical Services)
New Delhi Municipal Council
Charak Palika Hospital Moti Bagh-I
New Delhi-21

ANNEXURE-I

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 (

(Forms to be filled in by				ting in B	lock Letters)		
Name of the Application (IN BLOCK LETTE)					•••		
2. Father's/Husband	's Name:	••••••			••		
3. Address for corresp	pondence:		*************				
	*******	***************************************					

4. Email ID	:		,				
5. Phone No.	: Resid	: ResidenceMobile					
6. Nationality	:	•••••					
7. Date of Birth	:	:					
8. Age on publication Notice	of :						
9. Category Whether UR/SC/S OBC/PH			••••••				
10. Marital Status	:	• • • • • • • • • • • • • • • • • • • •					
11. Academic/Techni	cal 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	DESIGNATION	PAY	PERIOD OF	LAST
(HOSPITAL/INSTITUTE)	OF POST HELD	SCALE	EMPLOYMENT	PAY DRAWN
	TAKING IN THE F	OI I OWIN	C FORMAT	
			_ hereby declare	that I hav
not/have served for pasis in any Govt. Hospital	years monu	ns as Senic	or Resident on ad-	-hoc/regula
Documents attached				
 All marks statement of M Degree of Post Graduation 	M.B.B.S. on/D.N.B./Diplom	ıa	Yes/No Yes/No	
4. Registration Certificate of	of DMC		Yes/No Yes/No	
5. Certificate in support of 6. Undertaking	age		Yes/No	
7. Self attested copy of Cas	te Certificate (SC/	ST/OBC)	Yes/No	
*All documents should be s	elf attested by app	olicant.		
	Declara	ation_		
I, solemnly declare and correct to the best that facts have been con post may be treated as c	of my knowledge cealed or misrep	e and belie resented b	i. If at any stage y me, my candida	, It is loui
			he Candidate:	
	Sigr	iature oi t	ne Candidato	