## GOVERNMENT OF N.C.T. OF DELHI



#### OFFICE OF THE MEDICAL SUPERINTENDENT DEEN DAYAL UPADHYAY HOSPITAL HARI NAGAR, NEW DELHI – 1100 64

No.F2S (126)/DDUH/SR/2016 | 21250

Dated: 19.10.2016

# WALK- IN- INTERVIEW FOR THE POST OF SENIOR RESIDENTS IN THE DEPARTMENT OF OPHTHALMOLOGY, OBS & GYNAE, SURGERY AND NEUROSURGERY

The DDU Hospital will hold a Walk –In -Interview for filling up of vacant posts of Senior Residents in Departments of Ophthalmology and Obs & Gynae on 26.16.16 and Surgery, Neurosurgery on 28.16.16 on Adhoc basis for 89 days or till regular appointment is made by the government under any scheme or proposal. The interview will be held on above dates from 09.30 A.M. to 12.00 noon in Seminar room, Administrative Block, Ist floor, Deen Dayal Upadhyay Hospital.

Only those Candidates may appear for the interview who fulfill the eligibility criteria as per Residency scheme of the GOI and the qualification/eligibility criteria as follows: -

#### Deptt.: Ophthalmology

	SC	ST	OBC	GEN	TOTAL	
Vacant		-	01	4	01	

Qualification: Post Graduate Degree (MS/DNB/Diploma equivalent) in Ophthalmology

#### Deptt.: Obs & Gynae

	SC	ST	OBC	GEN	TOTAL	
Vacant	03	01	04	-	08	-ALL

Qualification: Post Graduate Degree (MD/DNB/Diploma equivalent) in Obs & Gynae.

#### Deptt.: Surgery

	SC	ST	OBC	GEN	TOTAL
Vacant	01	01	05	-	07

Qualification: Post Graduate Degree (MS/DNB/ in General Surgery.

#### **Neuro Surgery**

	SC	ST	OBC	GEN	TOTAL	
Vacant	-	01	01	-	02	

<u>Qualification</u>: Post Graduate Degree (MS/DNB) in General Surgery/Orthopaedics Preference will be given to candidates with MCh Neurosurgery.

#### II\_ REQUIREMENTS

- Required documents: Application, 02 passport size photos, 10<sup>th</sup> Class Certificate, MBBS degree, Final year mark sheet, Internship, MD/DNB/Diploma, Certificate, Residence Proof & DMC Certificate (Self Attested). Experience if any.
- Age limit: Not more than 40 years for General Category as on the date of the interview, Relaxation for 05 years for SC & ST and 03 years for OBC (Delhi only), OBC candidates are required to submit their caste certificate including not belonging to non creamy layer issued by the Competent Authority of GNCT of Delhi. PH reservation will be given as per rule.
- DMC Registration: Candidate must have valid DMC Registration with PG degree/Diploma or applied for on the date of interview, the original DMC Registration has to be produced before joining.
- Relaxation: If no fresh candidates are available, relaxation will be given as per Relaxation of provisions under Residency Scheme to the SRs working in the hospital.

#### NOTE: -

Only those candidates may appear who fulfill the above criteria and have necessary documents with them. Originals will also be required to be produced at the time of interview.

NB: IN CASE NO SUITABLE CANDIDATE IS AVAILABLE FROM THE RESERVED CATEGORY, THEN CANDIDATES FROM GENERAL CATEGORY WILL BE CONSIDERED FOR THESE ADHOC ENGAGEMENT OF 89 DAYS.

(DR. MAUSUMI SWAMI) HOD SR/JR CELL

Dated: 19.10.2016

No.F2S (126)/DDUH/SR/2016 1 21260 Copy to:-

1. P.S. to M.D. for information, DDUH.

2. HOD, Surgery/Neurosurgery/Obs & Gynae/Ophthalmology/.

3. Notice board, DDUH

4. Website of H&FW Deptt., GNCT of Delhi.

(DR. MAUSUMI SWAMI) HOD SR/JR CELL

19/10/16

NAME:	DEDTT .
IVAIVIE .	DEPTT :

# **CHECK LIST**

## DOCUMENTS TO BE SUBMITTED IN THE ORDER AS UNDER

- 1 ANNEXURE 1
- **2 APPLICATION FORM**
- **3 DOB CERTIFICATE**
- **4 CASTE CERTIFICATE**
- **5 SENIOR SCHOOL MARKSHEET**
- 6 MBBS MARKSHEET/CERTIFICATE
- **7 POST MBBS DMC REGISTRATION**
- 8 MS/MD/DNB/PGDIPLOMA CERTIFICATE
- 9 POST PG DMC REGISTRATION
- 10 EXPERIENCE/ SR SHIP IF ANY
- 11 ADDRESS PROOF

#### APPLICATION FOR THE POST OF SENIOR RESIDENTS

IN THE DEPARTMENT OF	
(ON ADHO	C BASIS)
	i strande in engage (4.5
1. Name of the Candidate (in capital letters)	* <u>1</u>
2. Father's/Husband's Name	:
3. a. Date of Birth	TO SECURE AND SECURE ASSESSMENT OF THE SECURE
3. a. Date of Birth	
b. age in completed years & months	
on the date of interview	
on the date of interview	
4. Postal Address	· · · · · · · · · · · · · · · · · · ·
	•
5. Permanent Address	
•	
6. E-mail Address (if any)	
7. Telephone/Mobile Number if any	
9 Whather helengs to SC/ST/ORS/CFN	
<ol><li>Whether belongs to SC/ST/OBC/GEN</li></ol>	1

Sl.No.	Examination		Total Marks Obtained	% of Marks	Board / Uni	versity	Year of Passing	No. Attem
11.	Experience : V	Vhether worke	d as Senior F	Resident Write N.	earlier, if so,	the perio	od thereof	and
SI.No.	Name of Employer	Designation	Pay Scale		of Duties	Period From		Last Pa Drawn
	Name of					Period		

I solemnly declare that the above statement made by me is correct to the best of my knowledge and belief. If any, the above information is found to be false/incorrect, my

application/selection may be cancelled at any time.

9. Valid DMC Registration No.