



OFFICE OF THE MEDICAL SUPERINTENDENT  
DEEN DAYAL UPADHYAY HOSPITAL  
HARI NAGAR, NEW DELHI-64

No. F.2S (126)/DDUH/SR/2016

10635-38

Dated: 03/06/17

**WALK-IN-INTERVIEW FOR THE POST OF SENIOR RESIDENTS IN THE DEPARTMENT OF MEDICINE IN DDUH HOSPITAL ON 08.06.2017.**

The DDU Hospital will hold a Walk-In-Interview for filling up of vacant posts of Senior Residents in Department of Medicine 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 from 09.30 A.M. to 12.00 noon in Seminar room, Administrative Block, 1st 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. OF MEDICINE**

	SC	ST	OBC	GEN	TOTAL
Vacant	00	00	01	01	02

**Qualification:** Post Graduate Degree (MD/DNB) in Medicine. In case PG degree is not available, then MBBS with three years experience with 2 years in the medicine department will be considered.

**II. REQUIREMENTS**

1. 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.
2. 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 given as per rule.
3. 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.
4. Relaxation: - If no fresh candidates are available, relaxation will be given as per relaxation of provision 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.

All interested candidates are advised to download the application form annexed below for appearing in Interview as no application form will be provided 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. ANIL KUMAR GARG)  
HOD(JR/SR CELL)

Dated:

No. F.2S (126)/DDUH/SR/2016

**Copy:-**

1. PS to MD for information, DDUH.
2. HOD, Casualty, Medicine, Radiology.
3. Notice Board, DDUH.
4. Website of H&FW Deptt., GNCT of Delhi.

(DR. ANIL KUMAR GARG)  
HOD(JR/SR CELL)

DATE \_\_\_\_\_

NAME : \_\_\_\_\_

DEPT : \_\_\_\_\_

## CHECK LIST

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM

IN THE FOLLOWING ORDER

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

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APPLICATION FOR THE POST OF SENIOR RESIDENTS

IN THE DEPARTMENT OF \_\_\_\_\_  
(ON ADHOC BASIS)



1. Name of the Candidate (in capital letters) .....
2. Father's/Husband's Name .....
3. a. Date of Birth .....
- b. age in completed years & months  
    on the date of interview .....
4. Postal Address .....
- .....
- .....
5. Permanent Address .....
- .....
- .....
6. E-mail Address (if any) .....
7. Telephone/Mobile Number if any .....
8. Whether belongs to SC/ST/OBC/GEN .....

*Ans.*

9. Valid DMC Registration No. ....

10. Academic/Technical/Professional Qualification starting from MBBS/Diploma/PG Degree

Sl.No.	Examination	Total Marks Obtained	% of Marks	Board / University	Year of Passing	No. of Attempts

11. Experience : Whether worked as Senior Resident earlier, if so, the period thereof and name & address of the hospital/Institute. Write N.A. if not applicable.

Sl.No.	Name of Employer	Designation	Pay Scale	Nature of Duties	Period From To	Last Pay Drawn

12. Any additional information Publication/Research :

**Declaration :**

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.

Signature of Candidate

