

## **Notice for Walk in Interview to the post of Sr. Resident on adhoc basis**

A Walk in interview for appointment for the post of following posts of Sr. Resident on adhoc basis for a period of 89 days or Recruitment of Residents Doctors on regular basis, whichever is earlier, will be held in the room of the undersigned on 01.07.2013 at 10.30 A.M.

S.No.	Name of the Post	No. of Posts
1	Sr. Resident ( Ortho )	02
2	Sr. Resident (Gynae. & Obs.)	01
3	Sr. Resident ( Anesthesia)	01
TOTAL		04

### **Eligibility :**

(i) Qualifications	Post Graduate Degree/Diploma from a recognized university. Enrolled with Delhi Medical Council with Post Graduate Degree/Diploma.
(ii) Age limit	40 years
Emoluments :	Rs.18750/- + 6600/- Grade Pay

1. Candidates must have a valid DMC Registration Certificate.
2. SC/ST certificates issued from Judicial/Revenue Authorities and OBC Certificates issued from Govt. of Delhi shall only be accepted. Further reservation to handicapped candidates shall be given as per Rules.
3. The application form must contain, Name of post applied for, Name, Father/Spouse's Name, Date of Birth, Category, Address, DMC Registration No., Date of Internship Completion, Educational Qualification, Contact No, Experience if any.
4. The candidates who have completed three years Senior Residency but are willing to serve as Sr. Resident can also apply. However their appointment will be for a period of 89 days extendable up to a maximum period of one year only.

Interested candidates may report at 10.00 A.M. with an application on standard form along with attested copies of certificates and one recent passport size photograph. All the original certificates must also be brought for verification.

Sd/-  
(DR. UMED SINGH)  
MEDICAL SUPERINTENDENT

**APPLICATION FORMAT FOR THE POST OF Senior RESIDENT ( )**

Passport  
Size Photo

1. Name of Post applied for : \_\_\_\_\_
2. CATEGORY : General/ SC /ST /OBC :
3. Name of the candidate (In Block Letters) :
4. Father's /Husband's Name :
5. Date of Birth :
6. Contact No. :
7. Correspondence Address :
8. Valid DMC Regn. No :
9. Date of completion of Internship :
10. **Academic Qualifications:**

Exam Passed	Year of Passing	Board / University	Marks in %	Work Exp. If any

**Declaration :** I solemnly declare that the above statements made by me, are correct to the best of my knowledge and belief.

**(SIGNATURE OF THE CANDIDATE)**

List of Encl.

- 1.
- 2.
- 3.
- 4.
- 5