

GOVERNMENT OF HARYANA Advertisement for filling up the posts for S.H.K.M. Government Medical College, Nalhar, Nuh

15 (GC-10, SC-03, BC-A-01, EWS-01) posts of Junior Residents are proposed to be filled up on contract basis for SHKM GMC Nalhar, Nuh through Walk-in-Interview for six months only from eligible Medical Graduates on Wednesday i.e. 02-12-2020 onwards (every Wednesday) till the post are not filled.

The other details like essential qualification, pay scales, fees, application form & other terms and conditions may be downloaded from institute website www.gmcmewat.ac.in. It is also informed that interested candidates may visit our website on regular basis for all updates regarding date of interview, No. of posts etc. which is available only on institute website i.e. www.gmcmewat.ac.in.

IMPORTANT INSTRUCTIONS:

Advt. No.: SHKM/Rectt/2020/02

- 1. The applicant must have completed MBBS from any Institution / University recognized by the MCI and degree must be registered under the State/Central (MCI) Registration Act. Candidates have to produce permanent registration certificate obtained from council at the time of interview.
- 2. The degree of MBBS not recognized by the MCI will render the candidate ineligible.
- 3. Applicants must reach O/o the Director, SHKM, GMC, Nalhar, Nuh on scheduled date with duly filled prescribed application form and all supported documents in original as well as photocopy. Submission of incomplete application form i.e. without self attested copies of testimonials of academic career, permanent registration certificate, attempt certificate etc. may render the candidate ineligible.
- 4. Application Form may be downloaded from institute website. Application form will not be provided by institute to anyone at the time of interview.
- 5. The tenure for Junior Resident posts will be for six months only on contract basis.
- 6. Age Limit: Upper age limit for Junior Resident will be 40 years.
- 7. Number of posts may be increased or decreased or totally withdrawn without any further notice.
- 8. The status of vacancy will be updated on the website www.gmcmewat.ac.in on the regular basis.
- 9. The selection committee reserves the right to reject or accept any candidate/candidature without assigning any reason thereof.
- 10. Canvassing of any kind will be a disqualification.

#Selected candidates have to perform emergency duties as per department roster.

Qualifications & Experience for post of Junior Resident:

Cat. No.	Post	Essential Qualifications and Experience
I.	Junior Resident	i) MBBS from any Institution / University recognized by the MCI.
		ii) Must be registered under the State/MCI Registration Act.

Pay Scales: Junior Resident : Rs.56100+NPA+DA+Other allowances as permissible.

Eligible applicants have to appear for walk in interview on 02-12-2020 (Wednesday) at 09:00 AM onwards along with strictly prescribed application form and non refundable application fee of Rs. 500/- (Rs. 250 for women candidates, Rs.125/- for reserved category of Haryana domicile only and person with benchmark disability will be exempted for application fee.) in the form of Demand Draft / Indian Postal Order/ Treasury Challan in departmental receipt head 0210 in favour of Director, Shaheed Hasan Khan Mewati, Govt. Medical College, Nalhar (Nuh) payable at Nuh or by POS Machine.

Date/ time of Interview: Starting from 02-12-2020 (Wednesday) onwards till all the posts are

filled. (09:00 AM – Every Wednesday)

(Attendance will be taken up to 10:30 am only, there after no candidate

will be entertained)

Venue of Interview: Office of Director,

Shaheed Hasan Khan Mewati, Govt. Medical College, Nalhar, Nuh

> -sd-Director

DOCUMENTS CHECK LIST FOR JUNIOR RESIDENTS

NAME:

S.NO	DOCUMENT	CHECKED
1.	MCI REGISTRATION/STATE REGISTRATION	
2.	MBBS DEGREE/ PROVISIONAL	
3.	MBBS MARKS CERTIFICATES	
4.	INTERNSHIP COMPLETION CERTIFICATE	
5.	PROOF OF MCI RECOGNITION OF COLLEGE	
6.	DOB CERTIFICATE	
7.	ATTEMPT CERTIFICATE	
8.	EXPERIENCE CERTIFICATE	
9.	CASTE CERTIFICATE(if any)	
10.	OTHER ACHIEVEMENTS CERT	
11.	PAN CARD	

Scrutinizer:

Adv. No.: SHKM/ Rectt/2020/02

APPLICATION FORM Challan / IPO/ DD No

Category No					Challan / I	PO/ D	D No.:	
Application for the pos	t of				Dated:/	/		
Department:					Issuing aut	thority	:	
1. Name of Candidate (i (As per Matriculation / F	n block letter)	or ony oquiv	volont avam	acrtificata)				
2. Father's Name (in ble	•	• •						
3. (a) Permanent Addre								te your sport size
(b) Correspondence A	ddress:						rece	
Contact No/ Mobile No			+91					
Alternative Cont	act No.		+91					
4. E-mail id (Mandatory	7)							
5. Date of Birth:	//19							
Age: YearsMo	nthsI	Days	(As o	n last date	of submissio	on of a	pplicat	tion)
6. Marital Status		Spo	use (iob/qua	dification):				
			000,400	,· <u>-</u>				
7. Category: Unreserve								
7. Category: Unreserve8. Examination Passed:	ed / GC	(or Reserved	(specify):_			_ of Ha	aryana only
7. Category: Unreserve	ed / GC					n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof.	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II	Month & Year of Passing /	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only
7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II B) Internship	Month & Year of Passing / Completion	Duration in days/months/	No. of extra	(specify):_	Maximum	n Na	_ of Ha	aryana only

9. Particulars of House Job / Experience:-

S.NO	Name of medical college/	Specialty	Date of	Date of	Duration
	Hospital		Joining	Relieving	
1					
2					

10. Post Graduate Qualification:

	127 07 1 1	1	15 0	I - 0	I	
Name of Degree/	Name of Institution/	No of extra	Date of	Date of	Duration in	Aggregate
Diploma	University	attempt	Joining	Passing	dd/mm/yy	%age
i) PG Diploma						
, •						
ii) PG Degree						
iii) DNB/						
others(i.e. M. Sc)						
iv) Additional						
Qualifications i.e.						
D.M/ M.Ch/ Ph. D						

11. Particulars of Post PG Experience (In MCI Recognised/ Approved Medical College/Institute only):-

S.NO	Name of Medical	Specialty/	Date of	Date of	Duration in
	College/Teaching Institute	Designation	Joining	Relieving	days/months/yrs
1					
2					
3					

12. ACADEMIC ACHIEVEMENTS:

•	Best graduate (1st in aggregate in all profs. Exams combined)	YES/NO
•	2 nd Best graduate (1 st in aggregate in all profs. Exams combined)	YES/NO
•	1st position in any subject in University exams (During Graduation)	YES/NO
•	2 nd position in any subject in University exams (During Graduation)	YES/NO
•	PG Degree with Distinction/ Any Medals	YES/NO

13. RESEARCH ACHIEVEMENTS:

(1) **PUBLICATIONS:**

a) Paper published /accepted for publication in an indexed international journal.

S.	Title of Article / Case report	ISSN No. and Name of	Indexing of	As 1 st author/	Designation
No.		the Journal and Publisher	the journal	2 nd author OR	while
		(published / accepted)	e.g. Pub med	Co- author	publishing
1					
2					
3					
4					
5					
			T 1 1/1	TOON N	

b) Paper published / accepted for publication in an **Indian and State Journal with ISSN No.** (Abstract of Paper presented in a conference will not be counted as a publication)

S. No.	Title of Article / Case report (As 1 st author or Co- author)	ISSN No. and Name of the Journal whether published /accepted (mention the edition)	Designation while publishing
1			
2			
3			
4			
5			

14. EXTRACURRICULAR ACTIVITIES:

A) Sports And Cultural Activities (colours / athletic meet/ cultural meet)

S. No.	Name of Sport/ Cultural Event	Level whether International/ National/ Interuniversity/ University (inter-college)	Position First/ Runner up
1			
2			

R	Blood Donation:	at Medical	College/Govt /Red	Cross	Blood	Ranks	only
v	, Dioou Donanon. ((at Micuicai	Concect Govi./ Rea	CIUSS	Dioou	Danks	Omy,

15. Are you:	15.	Are	vou	:
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`	A '.' CT 1' 1 1' 1 1 1 ' '1
a)	A citizen of India by birth or by domicile
aı	A CHIZCH OF HIGHA DV DHIGH OF DV GOTHICHC

- b) A person having migrated from Pakistan with the intension of permanently setting in India or a subject of Nepal of Sikkim or Subject of a Portuguese in India
- c) *Scheduled Caste of Haryana
- d) *Backward Class candidate of Haryana
- e) *Ex-serviceman/Serving Soldier _____

Certificate to this effect from competent authority should be attached.

	of Nepal of Sikkim or Subject of a Portuguese in India
	*Answer "Yes" or "No" and cancel the words which are not applicable.
17.	Are you a Government Servant? If yes, whether 1) Permanent or Temporary
	2) Designation/Post
	3) Govt./Private
	4) Present pay and allowance
18.	Have you ever been disqualified by
	a) Union Public Services Commission
	b) Haryana Public Service Commission
	c) Any other State Public Service Commission
	d) Any other Govt. Department, if yes full particular and post held, reason for removal/dismissal with period.
19.	Have you ever been removed / dismissed from Govt. Service or compulsory retire, if so full details be given?
20.	Are you willing to accept the minimum initial pay offered? If not, what lowest initial pay would be acceptable?
21.	If selected what notice would you required for joining?
22.	Give below the names of two persons who are in a position to testify from personal knowledge you fitness for
	post (they must not be related to you)
	Name Name

A person having migrated from Pakistan with the intension of permanently setting in India or a subject

16. Is or was you father*

a)b)

A citizen of India by birth or by domicile.

Address _____

SIGNATURE OF APPLICANT

Address _____

DECLARATION

	hereby declare that information given below is correct to the best of my
1. T	wledge & belief: hat all the degrees/diploma/Other educational qualification/experience constituting essential qualification, as er the advertisement, submitted by me in support of this application are recognized by Medical/Dental Council fundia or such body as is competent to recognize such a degrees/diploma/Other educational fundification/experience in India. hat I possess the requisite experience, as per the advertisement for the post that I have applied for from an
3. T	stitution recognized by the competent body in India. hat if at any stage, this declaration is found to be false than the interview and all subsequent actions to it may e considered void ab-initio besides any such administrative or legal action by competent authority deemed for icluding recovery of financial loss sustained due to the false declaration.
Plac	2:
Date	:SIGNATURE OF APPLICANT
List	of enclosures:
1.	
2.	
3.	
4.	
5.	
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9.	
10.	
11.	
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13.	
Plea	se write your complete correspondence address:
Nan	e
Add	ress

Pin Code