

MEDICAL SERVICES DEPARTMENT NEW DELHI MUNICIPAL COUNCIL

Applications are invited for a "Walk-In-Interview" for 17 vacant posts of Senior Residents in various Specialities under Medical Services Department, NDMC. Eligible candidates are required to register enrolments on 03.04.2023 between 09.00A.M. to 11.00A.M. in the Office of the Director (Medical Services), New Delhi Municipal Council, Charak Palika Hospital, Moti Bagh-I, New Delhi-110021.

No. of Vacant posts: 17.

S.	Department	Vacancy	UR	SC	ST	OBC	PwD	EWS
No.								
1.	Obstetrics & Gynaecology	02	Nil	Nil	01	01	Nil	Nil
2.	Paediatrics	02	Nil	01	01	Nil	Nil	Nil
3.	Anaesthesia	06	03	01	Nil	01	01	Nil
4.	Medicine	02	01	01	Nil	Nil	Nil	Nil
5.	Surgery	01	Nil	Nil	Nil	01	Nil	Nil
6.	Orthopaedics	02	Nil	01	Nil	01	Nil	Nil
7	Radiology	01	Nil	Nil	Nil	01	Nil	Nil
8.	Ophthalmology	01	Nil	Nil	Nil	01	Nil	Nil
Total No. of Posts		17	04	04	02	06	01	Nil

TERMS & CONDITION

- 1. The candidates are required to bring the duly filled Application form in CAPITAL LETTER provided at Annexure-A, and the Original documents alongwith self attested photocopies of the following documents
 - a) Proof of date of birth: Birth certificate/matriculation certificate
 - b) Degree of MBBS
 - c) Certificate/Degree of MD/MS/DNB/DIPLOMA etc.



- d) DMC certificate/Receipt of Application to DMC
- e) Category certificate i.e. SC/ST/OBC/PwD/EWS as per GOI rules.

1. Elegibilty for Senior Resident: -

- a) M.B.B.S. with P.G. Degree-MD/MS/DNB/Diploma in the relevant speciality from a recognized university or equivalent qualification recognized by Medical Council of India (MCI). In case such candidates are not available, MBBS with 03 years experience in relevant field may be considered for the post.
- b) Those who have completed three (03) year Senior Residency in any Govt. Hospital/Institution including regular/ad-hoc period need not apply.
- c) Delhi Medical Council (DMC) Registration is mandatory at the time of joining.
- 2. <u>Appointment & Tenure</u>: The tenure of appointment is purely temporary initially for a period of 01 year, extendable up to a maximum period of 03 years subject to the satisfactory performance.
- 3. **Emoluments Per Month:** Salary based under 7th CPC level-11 of pay matrix, on the Revised Basic Pay of Rs. 67700/- + NPA + Usual allowances as admissible.
- 4. Age as on 31.03.2023: Not more than 45 years.
 - a) The age is relaxable for SC/ST/OBC/PwD candidates as per the Govt. of India Rules, however, candidates have to produce a valid SC/ST/OBC/PwD certificate in prescribed Performa in regard to the claim.
 - b) OBC candidates should submit valid OBC certificate vide OM No.36036/2/2013-Estt.(Res.I) dated 31.02.2016 of DOPT, Ministry of Personal & Public Grievance & Pensions, New Delhi with Non Creamy Layer Certificate.
- 5. Selection for appointment is purely on performance in the interview.
- 6. Number of Post advertised may be increased or decreased without further intimation.
- 7. The Director (MS), New Delhi Municipal Council reserves the right to fill or not to fill any of the posts.
- 8. No T.A. / D.A. will be paid for appearing in the interview.

- 9. The appointment can be terminated by either party by giving a notice period of one month in advance during pendency of engagement.
- 10. The Competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason.
- 11. Jurisdiction of Dispute: In case of any legal dispute the jurisdiction of court will be Delhi/NewDelhi only.

Director (Medical Services)

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Speciality Subject:

CHARAK PALIKA HOSPITAL MOTI BAGH NEW DELHI

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

. Name of the Candi	date:	NDIDATE IN CAPI			Paste your
. Name of the Cand	Nome:				recently
. Father's/Husband	Name				photograph and signature
. Date of Birth & Ag	ge:				across
. Postal Address :					
5. Permanent Addre	ss:				
					••••••
6. (A) Aadhaar No			(B) PAN No		•••••
7. DMC Registration	n No		Validity .		
8 Category Gen./S	C/ST/OBC/F	wD/EWS:			
9. Mobile No		Alt.	Mobile No		
10. E-mail (in Capit	tals only):				
11. Whether PwD:					
12. Particulars of e					
(PG DIGREE/MS/N	MD/DNB/DIF	PLOMA/MBBS v	vith details of	attempt in al	1 proof.)
Name of Exam	Year of	Percentage	No. of	Institute/	College &
Name of Exam	Passing	of Marks	attempts	Unive	rsity
		144 04	52 19		
	declare that				