

OFFICE OF THE MEDICAL SUPERINTENDENT
ACHARYASHREE BHIKSHU GOVT. HOSPITAL
MOTI NAGAR, NEW DELHI-110015

No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/Part-V/ 7434

Dated: 30/12/2020

Advertisement Notice for Recruitment to the post of Junior Residents on regular basis by walk in interview

Applications are invited in the prescribed format from eligible candidates for making a panel for appointment against existing and future vacant posts of Junior Residents for a period of Six months in case of JRs extendable up to a maximum period of twelve months with extension provided that the service rendered / work and conduct has been found to be satisfactory. The applicants to report with duly filled prescribed form self attested copies of all testimonials and passport size photograph in Estt. Section (IIIrd floor) Room No. 304 on 12 January 2021 (Tuesday) till 11.00 a.m.

Junior Resident

Category	Gen	EWS	SC	ST	OBC	TOTAL	Date and time Interview
Junior Resident	1	3	1	2	6	13	12.01.2021 11.a.m.

While every care has been taken in preparing the Category wise vacancies position chart, office reserve the right to rectify errors and omission, if any detected at any stage.

Eligibility Criteria for JR's: 1.MBBS Degree from a recognized university and registered with Delhi Medical Council and must have completed internship by the closing date and not earlier than 02 years on closing date of application.


Pay Scale: Rs. 56000-177500 of level 10 plus allowances as admissible under rules.

Age: 30 years for GEN, 35 years for SC/ST, 33 years for OBC candidates on the closing date of submission of application.

BL

OTHER CONDITIONS OF APPOINTMENT

1. Candidates must have a valid DMC Registration Certificate. (Acknowledgment Slip of DMC registration will not be accepted).
2. The number of vacant posts may vary.
3. SC / ST Certificates issued from Judicial / Revenue Authorities and OBC/EWS Certificates issued from Govt. of Delhi shall only be accepted. Further reservation to Physically Handicapped candidates shall be given as per rules.
4. In case of Non availability of candidates under SC / ST / OBC/EWS Category, vacancies may be filled up from the General category and vice versa on ad-hoc basis.
5. No TA/DA shall be admissible for attending interview.
6. The application form must contain name of post applied for Name, Father / Husband name, Category, Date of Birth, Contact No., Address, DMC Registration No., Date of Internship completion, Educational Qualification, Attempts Certificate, and experience if any.
7. The decision of the Medical Superintendent will be final. In case of any dispute the jurisdiction of court will be Delhi / New Delhi.
8. In case of EWS the appointment is provisional and is subject to the Income and asset certificate being verified through the proper channels and if the verification reveals that the claim to belong to EWS is fake/false the services will be terminated forthwith without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of Indian Penal Code for production of fake/false certificate.



(DR.B.L.CHAUDHARY)
MEDICAL SUPERINTENDENT

Dated: 30/12/2020

No. F.2 (537)/Estt./ABGH/Advt./JRSR/2020/ 7434
Copy to:-

1. (www.health.delhigovt.nic.in)



(DR. B.L.CHAUDHARY)
MEDICAL SUPERINTENDENT

APPLICATION FORMAT FOR THE POST OF JUNIOR RESIDENT

1. Name of the candidate (In Block Letters):
2. Father's/ Husband's Name:
3. Date of Birth:
4. Age as on:
5. CATEGORY (UR, SC, ST, EWS, OBC, PH):
6. Correspondence Address with Telephone No:
7. Permanent Address:
8. E-mail ID:
9. Valid Delhi Medical Council/ Delhi Dental Council Regn. No and date
10. Date of completion of Internship:

PASTE YOUR
PHOTO
PASSPORT SIZE
PHOTOGRAPH
HERE

11. Academic Qualifications (MBBS Onwards): Enclose attested photocopies of all Mark sheets & certificates

Exam Passed	Year of passing	Board/ University	Marks in %	No. of Attempts

12. Detail of work experience: Enclose attested photocopies of Experience certificates

Address of the organization and Designation	From	To

Declaration: I solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed therein. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall liable to be rejected without any notice.

Date: _____

(SIGNATURE OF THE CANDIDATE)

Name: _____

Mobile No. _____

E-mail ID _____

List of Encl:

1. Date of Birth (Class- X Certificate)
2. DMC Registration Certificate
3. Internship completion certificate
4. SC, ST, OBC, EWS, PH Certificate issued by the competent authority (if applicable)
5. MBBS Certificate
6. MBBS Mark sheets
7. Attempt certificates Copies of any other relevant documents.

CHECK LIST FOR JR (REGULAR) INTERVIEW

CANDIDATE'S NAME: _____ CATEGORY:- _____

EMAIL ID & MB. No. _____

DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER ONLY.

S.NO.	PARTICULARS		REMARKS
1	CHECK LIST		
2	APPLICATION FORM		
3	DOB CERTIFICATE(10 th CERTIFICATE/MARKSHEET)		
4	SR. SECONDARY SCHOOL MARKSHEET / CERTIFICATE		
5	CASTE CERTIFICATE		
6	MBBS DEGREE & MARKSHEET(ALL YEAR)		
7	DATE OF INTERNSHIP/FMG EXAM PASSED		
8	DMC REGISTRATION(MBBS)		
9	JR SHIP IF ANY(Mention no if not done)		
10	AADHAR CARD NO.		
11	ADDRESS PROOF		
12	PAN CARD no.		

Signature of the Candidate