



OFFICE OF THE MEDICAL DIRECTOR  
DEEN DAYAL UPADHYAY HOSPITAL  
HARI NAGAR, NEW DELHI-64  
Ph.No. 011-25494401-08  
Email:msdduh@yahoo.in

No.F2S (04)/DDUH/SR/2020/5623-26

Dated: 23.03.2020

**WALK-IN-INTERVIEW FOR THE POST OF SENIOR RESIDENTS IN DDU HOSPITAL.**

The DDU Hospital will hold a Walk-In-Interview for filling up of vacant posts of Senior Residents in the below mentioned departments. The interview will be held on below mentioned dates from **09.30 A.M. to 11.30 A.M.** in 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 is as follows:-

**DEPTT. OF GENERAL SURGERY ON 01.04.2020 ON REGULAR BASIS**

	GEN	OBC	SC	ST	TOTAL
<b>Vacant</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>02</b>	<b>08</b>

**Qualification:** Post Graduate Degree (MS/DNB) in General Surgery.

**DEPTT. OF ANAESTHESIA ON 01.04.2020 ON REGULAR BASIS**

	GEN	OBC	SC	ST	TOTAL
<b>Vacant</b>	<b>02</b>	<b>04</b>	<b>01</b>	<b>01</b>	<b>08</b>

**Qualification:** Post Graduate Degree (MD/DNB/DIPLOMA equivalent) in Anaesthesia.

**II. REQUIREMENTS**

**Required Documents:-** Application, 02 passport size photos, Matriculation and Sr. Secondary Certificate, MBBS degree and Mark sheets, MD/DNB/Diploma, Mark sheets and Certificate, Residence Proof & DMC Certificate, Experience, if any.

1. **Age limit:-** 37 years as on date of interview as per order no. F.No.DH&FW/Q015/57/2016-HR-Medical-Secy (H&FW)CD No. #112425062/2413-18 dated 04/10/2018. Age limit is relaxable by 05 years for SC/ST candidates.
2. **DMC registration:-** Candidate must have valid DMC Registration with PG degree/Diploma or applied for on the date of Interview, **joining after interview is subject to valid DMC Registration Certificate.** Candidate has to produce his/her DMC Registration Certificate for joining.

**GENERAL TERMS AND CONDITIONS**

1. 3% seats shall be reserved for physically handicapped persons as per rules.
2. Number of the vacancies is provisional and subject to change without any notice.
3. OBC/EWS certificates issued from Govt. of NCT of Delhi shall only be accepted.
4. OBC certificate should mention their belonging to Non Creamy Layer for that year.
5. In case of non availability of candidates under SC/ST/OBC/EWS Category, vacancies may be filled up from the General Category Candidates and vice versa for 89 days on adhoc basis.
6. The appointment and services will be governed under Residency Scheme of Govt. of India.
7. All appointment shall be subject to medical fitness and verification of certificate of educational qualification /age/caste/submission of valid DMC registration certificate and internship completion certificate etc.

8. In case of SC/ST/OBC/EWS certificate reveals that the claim to belong to these categories is fake/false the services will be terminated forthwith without assigning any further reason and without prejudice to such further action as may be taken under the provisions of Indian Penal Code for production of fake/false certificate.

**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.

**-Sd/-**

**(DR. L. R. RICHHELE)**

**HOD (SR/JR CELL)**

**Dated: 23.03.2020**

**No.F2S (04)/DDUH/SR/2020/5623-26**

Copy to:-

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

**-Sd/-**

**(DR. L.R. RICHHELE)**

**HOD (SR/JR CELL)**

# CHECK LIST FOR SR(REGULAR/ADHOC) INTERVIEW

DATE: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_ CATEGORY:- \_\_\_\_\_

EMAIL ID & MOBILE NO. \_\_\_\_\_

## DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FORM IN THE FOLLOWING ORDER

S.NO.	PARTICULARS	✓ / X	REMARKS, IF ANY
1.	Check List		
2.	Application Form		
3.	D.O.B (10 <sup>th</sup> Certificate)		
4.	Caste Certificate		
5.	Sr. Secondary School Certificate(12 <sup>th</sup> Certificate)		
6.	MBBS Marksheets & Degree.		
7.	Post MBBS DMC Registration Certificate		
8.	PG Marksheets & Degree		
9.	Post PG DMC Registration Certificate		
10.	SRship, If Any		
11.	Aadhar Card No.		
12.	Address Proof		

*Signature of the Candidate*

**APPLICATION FOR THE POST OF SENIOR RESIDENT IN THE  
DEPARTMENT OF \_\_\_\_\_ ON REGULAR BASIS**

1. Name of the Candidate:- \_\_\_\_\_

2. Father/Husband's Name:- \_\_\_\_\_

3. Date of Birth:- \_\_\_\_\_

Age in Completed Years & Months on the date of interview:-

\_\_\_\_\_

4. Local Address:- \_\_\_\_\_

\_\_\_\_\_

5. Permanent Address:- \_\_\_\_\_

\_\_\_\_\_

6. Email id:- \_\_\_\_\_ Mb.No.:- \_\_\_\_\_

7. Category:- SC/ST/OBC/UR \_\_\_\_\_

8. Valid DMC Registration No. \_\_\_\_\_

9. Academic /Professional Qualification starting from MBBS/Diploma/PG Degree:-

S.No.	Examination	Total Marks Obtained	% of Marks	Board/University	Month & Year of Passing	No. of Attempts

*Signature of the Candidate*

**10. Experience : Whether worked as Senior Resident Earlier, If so, the period thereof and name and Address of the hospital/ institution. Write N.A. if not applicable.**

<b>S.No.</b>	<b>NAME OF EMPLOYER</b>	<b>DESIGNATION</b>	<b>PAY SCALE</b>	<b>NATURE OF DUTIES</b>	<b>PERIOD FROM TO</b>	<b>LAST PAY DRAWN</b>

**11. Any additional information Publication/Research:-**

**DECLARATION:-**

**I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE / INCORRECT, MY APPLICATION/SELECTION MAY BE CANCELLED AT ANY TIME AND I WILL BE SOLE RESPONSIBLE FOR THAT.**

**Signature of the Candidate**

**New Delhi**

**Dated:**