



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/2019/10338-41

Dated: 11.05.2019

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 ANAESTHESIA ON 17.05.2019 ON REGULAR BASIS

| | GEN | OBC | SC | ST | TOTAL |
|---------------|-----------|-----------|-----------|-----------|-----------|
| Vacant | 00 | 02 | 01 | 01 | 04 |

Qualification: Post Graduate Degree (MD/DNB/DIPLOMA) in Anaesthesia. In Case of non availability of MD/DNB/DIPLOMA Candidate, then Candidates who have 3 years post MBBS Experience with at least 2 years in Anaesthesia department will be considered for the post and will be appointed on Adhoc basis for 89 days.

DEPTT. OF RADIOLOGY ON 17.05.2019 ON REGULAR BASIS

| | GEN | OBC | SC | ST | TOTAL |
|---------------|-----------|-----------|-----------|-----------|-----------|
| Vacant | 04 | 02 | 01 | 01 | 08 |

Qualification: Post Graduate Degree (MD/DNB/DIPLOMA) in Radiology.

DEPTT. OF PEDIATRICS ON 17.05.2019 ON REGULAR BASIS

| | GEN | OBC | SC | ST | TOTAL |
|---------------|-----------|-----------|-----------|-----------|-----------|
| Vacant | 01 | 02 | 01 | 01 | 05 |

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

DEPTT. OF BURNS & PLASTIC SURGERY ON 17.05.2019 ON ADHOC BASIS

| | GEN | OBC | SC | ST | TOTAL |
|---------------|-----------|-----------|-----------|-----------|-----------|
| Vacant | 01 | 00 | 00 | 00 | 01 |

Qualification: (MCH Plastic Surgery / MS/DNB General Surgery)

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, the original DMC Registration has to be produced before 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. In case, SC/ST/OBC candidates are not available for SR, the post shall be filled for 89 days on adhoc basis from General Category Candidates and vice versa.
4. The appointment and services will be governed under Residency Scheme of Govt. of India.
5. 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.

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. ANIL KUMAR GARG)
HOD (SR/JR CELL)
Dated: 11.05.2019

No.F2S (04)/DDUH/SR/2019/10338-41

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. ANIL KUMAR GARG)
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 th Certificate) | | |
| 4. | Caste Certificate | | |
| 5. | Sr. Secondary School Certificate(12 th 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.

| S.No. | NAME OF EMPLOYER | DESIGNATION | PAY SCALE | NATURE OF DUTIES | PERIOD FROM TO | LAST PAY DRAWN |
|--------------|-------------------------|--------------------|------------------|-------------------------|-----------------------|-----------------------|
| | | | | | | |

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:**