### Govt. of NCT of Delhi Office of the Medical Superintendent Rao Tula Ram Memorial Hospital, Jaffarpur, New Delhi-73 Phone No. 011-25318555, E-Mail msttrmh@gmail.com

RTRMH/1/1/Estt.(761)/2018-19/Pt.11/

Dated:

#### PUBLIC NOTICE

Walk in Interview for the regular recruitment for tenure of 03 years in respect of Senior Resident Doctors will be held on the date mentioned below. Interested candidates should report at Room No.35, Administrative Block, Rao Tula Ram Memorial Hospital at 9.30 A.M. with original certificates of qualifications (Matriculation, Intermediate, MBBS and Master Dogree), DMC registration, Identity proof & Experience Certificate etc. and one set of self attested photocopies of these entire documents along with two passport size photographs. The registration will close at 11.30 AM on the date of Interview. The details of vacancies are as under:

### Senior Resident (Vacancy) The date of interview for Senior Resident is 14.07.2020

| S.NO. | Department  | Gen  | OBC | SC | ST | PWD | Total Vacant |
|-------|-------------|------|-----|----|----|-----|--------------|
| 1     | 0&G         | 2    | 1   | 1  | 0  | 0   | 4            |
| 2     | Peads       | 0    | 0   | 1  | 1  | 0 . | 2            |
| 3     | Anaesthesia | 1    | 1   | 1  | 0  | 0   | 3            |
| 4     | Surgery     | 2    | 1   | 0  | 0  | 1   | 4            |
| 5     | Medicine    | 1    | 0   | 0  | 1  | 0   | 2            |
| 6     | Ortho       | 0    | 1   | 1  | 0  | 0   | 2            |
| 7     | Radiology   | 1+1* | 0   | 0  | 0  | 0   | 1+1*         |
|       | Total       | 8+1* | Δ   | 4  | 2  | 1   | 18+1*        |

<sup>\*</sup> To be appointed on Adhoc Basis against the vacant posts of Specialist and would stand terminated during any time of Tenure in the event of joining of the Specialist.

Eligibility & Criteria for selections.

- OBC candidates with certificate issued only by Govt. of NCT of Delhi will be considered.
- Vacancies are subject to change as per actual number of seats available.

Eligibility for Senior Resident: MBBS with Post Graduate degree/Diploma from a Recognized University/Institution & should be Registered with Delbi Medical Council. In the event of non availability of PG degree/diploma holder, MBBS with minimum 02 years experience of having worked in Govt. Hospital, out of which at least one year should be in the specialty concerned, but the offer of appointment will be given on Adhoc Basis to a non PG candidate and would stand terminated during any time of tenure in event of joining of the PG candidate.

Age Limit: For SR, below 37 years as on date of interview (age relaxable is allowed to eligible candidate as per Central Government Rules for SC/ST/OBC etc.)

The salary and other T&C will be as per residency scheme as notified by the Government of NCT of Delhi time to time. No TA/DA will be paid for appearing in the interview. Decision of the selection committee will be final.

Method of Exam: Interview (Candidates scoring 50% or more will be considered successful,

Attach: Application Performa

Copy to following with the request to display this Notice on the Notice Board of their respective hospital:

PA to MS, RTRMH, Jaffarpur, with the request to email this to all the Medical Superintendents(All Delhi Govt, hospitals), PS to Principal Secretary(H&FW) and Director, DHS(with request to upload the same on the relevant page of website of Delhi govt.)

- 02. I.T. Incharge, RTRM Hospital with the request to upload the advertisement on the website of the
- 03. I/C CT for further arrangement for the interview
- 04. All the Notice Boards

(Dr. A.K.Singh) Head of office, RTRMH

# GOVT, OF NCT DELIII OFFICE OF THE MEDICAL SUPERINTENDENT RAO TULA RAM MEMORIAL HOSPITAL, JAFFARPUR NEW DELIII-110073 {Administration branch}

## APPLICATION FOR THE POST OF SENIOR RESIDENT

| Specialty  |                     |   |       |
|--|---------------------|---|-------|
| 1. Name of the candidate                                       | <u> </u>            | ٦ |       |
| 2. Father's Name/HusbandName                                   |                     |   |       |
| 3. Address (Permanent)   | ;                   |   | рното |
|  |                     |   | GRAPH |
| 4. Correspondence Address                                      |                     |   |       |
|  |                     |   |       |
| 5. Date of Birth (Pl. attach)                                  |                     | L |       |
| 6. DMC registration (For doctors)                              |                     |   |       |
| 7. Category (Pl. attach)                                       | ÷                   |   |       |
| 8. Date of internship completion<br>(For doctors) (Pl. attach) |                     |   |       |
| 9. Mobile  | :                   |   |       |
| 10. Attach 03 recent size<br>photograph                        | : Attached (Yes/NO) |   |       |
| 11. Education Qualification:                                   |                     |   |       |

| % | Marks Obtained<br>/ Total Marks | Subject | Year of<br>Passing | Board/Univ. | Name of<br>Exam | S.No |
|---|---------------------------------|---------|--------------------|-------------|-----------------|------|
|   |                                 |         |                    |             |                 |      |
|   |                                 |         |                    |             |                 |      |
|   |                                 |         |                    |             |                 |      |
|   |                                 |         |                    |             | ,               |      |
|   |                                 |         |                    |             |                 |      |

Scanned by CamScanner

### 12. Details of Experience:

| SI.<br>No. | Name of Organization | Post | Period |    |              |
|------------|----------------------|------|--------|----|--------------|
|            |                      |      | From   | То | Total Period |
|            |                      | 7    |        |    |              |
|            |                      |      |        |    |              |
|            |                      | 4    |        |    |              |

| 13. PG             | / Non PG:-   |                     |                   |                  |                 |
|--------------------|--|---------------------|-------------------|------------------|-----------------|
| 14. Em             | ail.ID (If any)  |                     |                   |                  |                 |
| also un<br>thereaf | I, hereby declare that<br>te to the best of my k<br>derstand that in case,<br>ter shall disqualify me<br>ant rule. | nowledge and belief | and nothing has b | een concealed an | a suppressed. I |
| Dated:             |  | Signature           |                   |                  |                 |
| Place:             |  | Name                |                   |                  |                 |
|                    |  |                     |                   |                  |                 |