



GOVERNMENT OF N.C.T OF DELHI
INDIRA GANDHI HOSPITAL
SECTOR-9, DWARKA, NEW DELHI-110077

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
इंदिरा गाँधी हॉस्पिटल
सेक्टर-०९, द्वारका, नई दिल्ली-११००७७

F.2/16(87)/Estt./Correspondance/SR/2023-IGH / 6544-97

Date: 5-6-2023

NOTICE

WALK-IN-INTERVIEW FOR THE POST OF SENIOR RESIDENT ON REGULAR BASIS FOR DENTISTRY DEPARTMENT & ADHOC BASIS FOR OTHER DEPARTMENTS

Applications are invited through Walk in Interview for engagement of **Senior Resident**, initially for a period of **01 year for Dentistry department on Regular basis & 89 Days on Adhoc basis** for other departments or till regular incumbents join whichever is earlier; in Pay Matrix Level 11 (Rs 67,700/- Rs 2,08,700/-) and other allowances as admissible; against following vacant posts in various specialities as per schedule below :-

SL. No.	Department	Total Vacancies	UR	OBC	SC	ST	EWS	Date of Interview	Educational qualification
1.	Gen. Surgery	07	02	02	02	01	00	14.06.2023	MS
2.	Medicine	06	00	02	01	01	02		MD/DNB/Diploma
3.	Radio diagnosis	04	02	01	01	00	00		MD/DNB/Diploma
4.	Anaesthesia	09	02	02	02	01	02		MD/DNB/Diploma
5.	*Obs. & Gynae.	05	02	02	00	01	00		MD/DNB/Diploma
6.	Microbiology	01	00	00	01	00	00		MD/DNB/Diploma
7.	Paediatrics	10	02	04	01	02	01		MD/DNB/Diploma
8.	Dentistry	01	01	00	00	00	00		MDS
	TOTAL	43	11	13	08	06	05		

The number of Posts may vary at the Time of Interview

***The posts advertised for walk-in-interview for the department Obs. & Gynae. (02) will adjust against vacant post of other department purely on Adhoc basis.**

NOTE :- Only those candidates, who fulfill the eligibility criteria as per Residency Scheme are required to appear for Interview.

A. ELIGIBILITY CRITERIA :

Age Limit	45 Years for General, 48 years for OBC (belonging to Delhi only) and 50 years for SC/ST candidates as on date of interview.
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B. GENERAL CONDITIONS :-

- Interested candidates shall report at 09:30 AM as per schedule above, alongwith duly filled Application Proforma annexed herewith & self-attested copies of all Educational Certificates and Two Passport Size Photographs.
- Registration with **Delhi Medical Council/Delhi Dental Council/State Dental Council (whichever is applicable)** is mandatory as on date of interview/ Candidates who have applied for the same are allowed to appear in interview subject to submission of DMC/DDC/SDC before joining.
- Appointment shall be subject to medical fitness and verification of Educational Certificates.
- Extension beyond 01 year/89 days (whichever is applicable) is admissible as per extant Rules of Deptt of H&FW, GNCTD on Satisfactory work & conduct report.
- SC/ST certificate issued only by Competent Judicial/Revenue Authority shall be accepted.
- OBC/EWS certificate issued by Govt. of NCT of Delhi shall only be accepted and the same must have been issued before the date of interview. Further, the OBC candidates must possess Non Creamy Layer certificate for the current year along with his/her caste certificate.

7. In case certificate of any candidate claiming to be belonging to SC/ ST/ OBC/ EWS is found to be fabricated or candidate is found to be not belonging to any of the category so claimed, services of such candidate shall 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.
8. **Reservation for person with disabilities/Differently abled persons shall be given as per rules of Govt. of India.**
9. No TA/DA is admissible for appearing in the Interview.
10. Panel of wait listed candidates will be prepared and if any vacancies arising in future, the same will be filled from the panel so prepared. The Panel shall remain valid for a period of 06 months from date of declaration of result of the interview OR till fresh selection process is carried out, whichever is earlier.
11. Selected candidates shall be allowed to join immediately or maximum within 07 days of issue of the offer letter failing which the offer shall automatically be cancelled. **Hence, only those candidates who can join immediately need to apply.**
12. The Competent Authority reserves right to decide in case of any dispute with regard to selection process.
13. In case of any inadvertent error detected at a later stage the same will be rectified as per rules.
14. The appointment and services will be governed under Residency Scheme of Govt. of India.
15. In case of any legal dispute, the jurisdiction of Court will be Delhi/New Delhi only.
16. The Competent Authority reserves the right to do any cancellation, amendment and change of advertisement.

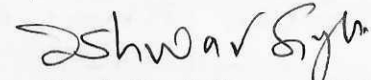
C. VENUE & TIME :-

Venue- Library, 5th Floor, Admin Block, IGH Dwarka.
Registration Time:- 9.30 A.M. to 11.00 Noon on the day of interview.
Interview Time:- 10.00 AM onwards on the day of interview.

D. REQUISITE DOCUMENTS :-

The Candidates must ensure to report for interview alongwith the copies of following documents and original ones for verification:-

1. Duly filled application form alongwith two passport size photographs.
2. 10th/ Matric/ Secondary pass certificate alongwith marksheet (s).
3. 12th/ Senior Secondary/ 10+02 pass certificate alongwith marksheet (s).
4. MBBS/BDS Degree alongwith Marksheets of each year.
5. Attempt Certificate.
6. Internship Completion Certificate.
7. Post graduate Degree/Diploma alongwith mark sheet
8. Caste certificate (in case of applying under reserve category).
9. DMC/DDC/SDC Registration Certificate (MBBS/MD/MS/DNB/DDC/SDC(whichever is applicable) as per eligibility.
10. Experience Certificate, if any.
11. Aadhaar card/ Pan-card/ Driving Licence and any proof of permanent address.



**Director Prof. Dr. Ishwar Singh
Medical Director, IGH**

Copy to:-

1. PS to MD, IGH.
2. HoD concerned.
3. All Notice Boards, IGH, Dwarka.
4. Programmer Deptt. of H&FW
with request to upload the same on website.



**Director Prof. Dr. Ishwar Singh
Medical Director, IGH**

**CHECKLIST FOR THE INTERVIEW OF SENIOR RESIDENT (REGULAR) FOR THE
(DENTISTRY DEPARTMENT)**

DATE _____

CANDIDATE'S NAME _____

E-MAIL _____

MOBILE _____

MDS (Speciality name): _____

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IN THE FOLLOWING ORDER ONLY

S.N.	PARTICULARS	<input type="checkbox"/> / <input type="checkbox"/>	REMARKS, IF ANY
1	APPLICATION FORM DULY FILLED		
2	DOB CERTIFICATE (10TH)		
3	SR. SECONDARY SCHOOL MARKSHEET/CERTIFICATE		
4	BDS MARKSHEETS AND DEGREE		
5	PG MARKSHEETS AND DEGREE		
6	DDC/SDC REGISTRATION CERTIFICATE		
7	SENIOR RESIDENCY, Done,IF ANY		
8	EXPERIENCE		
9	AADHAR CARD NO		
10	ADDRESS PROOF		

SIGNATURE OF THE CANDIDATE

**GOVERNMENT OF NCT OF DELHI
INDIRA GANDHI HOSPITAL
SECTOR-9, DWARKA, NEW DELHI-110077**

Application Form for the Post of Senior Resident (Regular)

DENTISTRY DEPARTMENT

(All fields are mandatory to be filled)

1. Name of the applicant:
2. Father's /Husband's Name:
3. Mother's name:
4. Marital Status:
5. Gender :
6. Date of Birth:
7. Age as on date of interview : ____ Years ____ Month ____ Days
8. Category:
9. Correspondence Address with Pin code:
10. Permanent Address:
11. Email ID:
12. Mobile No.
13. Nationality:
14. DDC/SDC registration Number with date:
15. Educational Qualification:

Affix a
passport size
photograph

S No.	Education	Board/University	Year of Passing	Total Marks	Marks Obtained	Percentage	No of Attempts
	X						
	XII						
	BDS						
	MDS						

- 16. Experience:** Experience certificate (to be attached) issued by the Competent Authority indicating dates, & Nature of Job (particulars of employments in Chronological order):

Name of Employer/Institute & address	Designation/Post held	Department	Period		Total Duration	Nature of work performed or being performing
			From	To		

17. Additional information, if any:-

18. Character & Antecedents:

- | | |
|---|--------|
| (a) Have you ever been arrested?: | Yes/No |
| (b) Have you ever been prosecuted: | Yes/No |
| (c) Have you ever been kept under detention?: | Yes/No |
| (d) Have you ever been bound down?: | Yes/No |
| (e) Have you ever been fined by a Court of Law?: | Yes/No |
| (f) Have you ever been convicted by Court of Law?: | Yes/No |
| (g) Is any case pending against you in any Court of Law?: | Yes/No |
| (h) Have you ever been involved in any Criminal case?: | Yes/No |

19. Documents attached:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

Date:

Signature of the candidate

Declaration

I _____ D/ S/O _____ 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 thereon. In the event of my information being found false or incorrect or ineligibility detected at any point of time, I understand that my application/ candidature will be immediately rejected/disqualified without any notice.

I understand and agree to the General Terms and Conditions.

Signature of Candidate

Name of Candidate

Place:

Date:

CHECKLIST FOR THE INTERVIEW OF SENIOR RESIDENT (ADHOC)

PG / NON PG

DEPARTMENT

DATE

E-MAIL

CANDIDATE'S NAME

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IN THE FOLLOWING ORDER ONLY

S.N.	PARTICULARS	<input type="checkbox"/> / <input type="checkbox"/>	REMARKS, IF ANY
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3	SR. SECONDARY SCHOOL MARKSHEET/CERTIFICATE		
4	MBBS MARKSHEETS AND DEGREE		
5	PG MARKSHEETS AND DEGREE		
6	DMC REGISTRATION CERTIFICATE		
7	SENIOR RESIDENCY, Done, IF ANY		
8	CASTE CERTIFICATE (SC/ST/OBC (DELHI) (CURRENT FINANCIAL YEAR CREAMY LAYER ONLY) EWS (CURRENT FINANCIAL YEAR ONLY)		
9	EXPERIENCE		
10	AADHAR CARD NO		
11	ADDRESS PROOF		

SIGNATURE OF THE CANDIDATE

**GOVERNMENT OF NCT OF DELHI
INDIRA GANDHI HOSPITAL
SECTOR-9, DWARKA, NEW DELHI-110077
Application Form for the Post of Senior Resident
Department _____**

(All fields are mandatory to be filled)

1. Name of the applicant:
2. Father's /Husband's Name:
3. Mother's name:
4. Marital Status:
5. Gender :
6. Date of Birth:
7. Age as on date of interview : ____ Years ____ Month ____ Days
8. Category: GEN/EWS/PWD/SC/ST/OBC/Others:
9. Correspondence Address with Pin code:
10. Permanent Address:
11. Email ID:
12. Mobile No.
13. Nationality:
14. DMC registration Number with date:
15. Educational Qualification:

Affix a
passport size
photograph

S No.	Education	Board/University	Year of Passing	Total Marks	Marks Obtained	Percentage	No of Attempts
	X						
	XII						
	MBBS						
	MS/MD/DNB/ Diploma						

16. **Experience:** Experience certificate (to be attached) issued by the Competent Authority indicating dates, & Nature of Job (particulars of employments in Chronological order):

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| (e) Have you ever been fined by a Court of Law?: | Yes/No |
| (f) Have you ever been convicted by Court of Law?: | Yes/No |
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19. Documents attached:

- a.
- b.
- c.
- d.
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Date:

Signature of the candidate

Declaration

I _____ D/ S/O _____ 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 thereon. In the event of my information being found false or incorrect or ineligibility detected at any point of time, I understand that my application/ candidature will be immediately rejected/disqualified without any notice.

I understand and agree to the General Terms and Conditions.

Signature of Candidate

Name of Candidate

Place:

Date: