

**GOVIND BALLABH PANT INSTITUTE
OF
POSTGRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)**

(GOVT. OF NCT OF DELHI)
1, J.L. NEHRU MARG, NEW DELHI-110002(INDIA)
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EMAIL:msgbpant@nic.in Website: www.gbpant.delhigovt.nic.in
(ADMINISTRATION BRANCH)

F.56/GIPMER/Estt/Interview/SR/Pt. file/7452-62

Dated:-11.07.17

NOTICE

Applications are invited for the various posts of Senior Resident purely on emergent & adhoc basis in the prescribed format as per Annexure-I in G.B. Pant Institute of Post Graduate Medical Education & Research (GIPMER), GNCTD, initially for a period of **89 days** (as per instructions/orders of H&FW Department, GNCTD) or till the regular incumbents joins, whichever is earlier.

Accordingly, walk in interview is scheduled to be held in the respective departments of this institute on **20.07.17(Thursday)**. The applications in the prescribed format, as per Annexure-I must be submitted in the Administration Branch of this institute alongwith prescribed fee upto 10:30 AM till 20.07.17. No application shall be entertained without the prescribed fee & after the abovesaid due date & time.

Details of vacant posts and likely to be vacant posts of Senior Residents in various specialties of this Institute are as under:-

S.No.	Department	Timing Of Interview	Vacant Seats	Total Seats
1.	Cardiology	11:00 Onwards	33	33
2.	Neurology	11:00 Onwards	10	10
3.	Radiology	11:00 Onwards	01	01
4.	Gastroenterology	2:00 Onwards	03	03
5.	CTVS	2:00 Onwards	03	03
6.	Anaesthesia	2:00 Onwards	18	18

- The Number of posts are indicative only and subject to change without any notice.

Qualification: - The applicant must have passed MBBS with P.G Degree or Diploma in the concerned specialty from a Recognized University/Institution and should be registered with the **Delhi Medical Council**.

Note: - If Selected, candidates should produce DMC Certificate with P.G Qualification before joining. Those candidates who have applied for registration to DMC shall not be allowed to join merely on production of DMC fee receipt.

Pay Band: - Rs 67700/- plus usual allowances as admissible under the rules.

- The selected candidates may have to make it convenient to join within 7 days of date of issue of offer letter/ Memorandum.

Note:-

1. Appointment will be subject to medical fitness and verification of Certificate(s) of educational qualification/age/caste/DMC registration.
 2. The vacancies are likely to vary and may be filled in phases.
 3. Panel of wait listed candidates will be prepared separately.
 4. No TA/DA will be paid for appearing in the aforesaid interview.
 5. The appointment and services of selected SR's will be governed under Residency Scheme.
 6. In case, interview cannot be completed on the scheduled date/duration the same shall be conducted on the following working day.
 7. No correspondence or personal enquiries shall be entertained.
 8. Bring all original documents along with their self attested photocopies on the scheduled date of Interview & on the date of joining to the post.
 9. FEES PAYABLE:- Rs.300/-(Non-Refundable) in the form of Cash/Demand Draft issued by a nationalized bank in favour of MEDICAL SUPERINTENDENT, G.B.PANT HOSPITAL, payable at New Delhi. The eligible candidate can deposit the fee (in cash) to the Cashier at Accounts Branch of this Institute.
 10. The Candidates are advised to check the Institute website regularly for any/further updation in the matter.
- **JURISDICTION OF DISPUTE:** - In case of any Legal dispute, the jurisdiction of Court will be Delhi/New Delhi only.
 - **Note:** - The application form is available at the Institute's website gbpant.delhigovt.nic.in.

-Sd-

(ADMINISTRATIVE OFFICER)

F.56/GIPMER/Estt/Interview/SR/Pt. file/Estt

Dated:-

Copy forwarded to the following for information and further n.a. to:-

1. The Dean, MAMC, GNCT of Delhi with the request to place the above notice on the notice board of the college.
2. The Medical Superintendent, Lok Nayak Hospital, GNCT of Delhi with the request to place the above notice on the notice board of the hospital
3. The Head of Department, Cardiology, GIPMER, New Delhi

4. The Head of Department, Neurology, GIPMER, New Delhi.
5. The Head of Department, Radiology, GIPMER, New Delhi.
6. The Head of Department, Gastroenterology, GIPMER, New Delhi.
7. The Head of Department, Anaesthesia, GIPMER, New Delhi.
8. The Head of Department, CTVS, GIPMER, New Delhi.
9. The PS to Director, GIPMER, New Delhi.
10. The Incharge (Server Room), GIPMER with the direction to upload the notice alongwith annexure on the website of the institute immediately.
11. The Notice Board of the Administration Branch, GIPMER, New Delhi.

-Sd-
(ADMINISTRATIVE OFFICER)

ANNEXURE-I

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT

1. Name (**In Block Letters**) _____

2. Father's/Husband's Name _____

3. Correspondence Address (**In Block Letters**) _____

4. Permanent Address: _____

5. Mobile No. / Local Tel No. (Mandatory): _____

6. Date of Birth (Proof to be enclosed): _____

7. Present Age (as on interview date): _____

8. Educational Qualification: (Attested Copies of the certificates to be enclosed):-

S.No:-	Exam Passed	Year	Board/University	% of marks	No. of Attempts
1.					
2.					
3.					
4.					
5.					

09. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed): _____

10. Delhi Medical Council Registration No: _____

11. Department for which applying _____

12. **Whether worked as Senior Resident on Adhoc/Regular basis:**

Paste your
latest passport
size
photograph
duly self
attested

Name of the Institution	Worked as	Period of appointment		Specialty in which worked
		From	To	

12. Date of Passing of
M.D/M.S/M.B.B.S _____

13. Details of Publications: - _____

14. Conference attended: - _____

15. Email address: - _____

16. Details of the Demand Draft: - _____

Demand Draft/TR-V No.	Date Of Issue	Name of the issuing Bank

(Note:-Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. **I have / haven't done my Senior Resident Residency earlier, as mentioned above in col. 11.**

Date _____

Place _____

Details of Enclosures:

Name:-

Signature of the Candidate:-