

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

(GOVT. OF NCT OF DELHI)  
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**(ADMINISTRATION BRANCH)**

**F.56/GIPMER/Estt/Interview/SR/Pt.File-I/**

**Dated:-**

Applications are invited in the prescribed format (Annexure-I below) for short-listing of eligible candidates through **Skill Test** to fill up posts of Attendants (Peers i.e. drug/substance abusers in abstinence for more than 1 year) to manage Juvenile de-addiction centers in following Delhi Govt. Hospitals on **Outsourced Basis for a period of 01 year**. The interview will be held on 05/05/2017 at **11.00 AM in the Auditorium of this institute at Academic Block.**

Name of the Hospital	Attendants (Peers)**
DCB Hospital, Ashok Vihar Phase IV	8
Dr. BSA Hospital, Rohini	3
Pt. MMM Hospital, Malviya Nagar	3
DDU Hospital, Hari Nagar	3
GB Pant Hospital (GIPMER), Delhi Gate	3
LBS Hospital, Khichripur	3
Total	23 (11 GEN, 6 OBC, 3 SC, 3 ST)

*Note: In case of Non availability of category candidates, eligible candidates from other categories will be shortlisted.*

- a) **ELIGIBILITY:** - Able to read and write (Hindi or local language), preferably 12<sup>th</sup> pass or higher, Drug addict in abstinence for more than 1 year, preferably trained in counseling for substance use disorder, No current psychopathology and personality problems in mental health assessment.
- b) **WAGES:** - Outsourced as per Minimum Wages Act of GNCT of Delhi in the Unskilled category
- c) **AGE LIMIT:** - Above 18 years as on 5<sup>th</sup> May 2017.
- d) **FEES PAYABLE:** Nil

Note:

- (1) All candidates shortlisted will be required to undergo medical examination for fitness in their respective hospital before joining.
- (2) Self attested photocopies of certificates/testimonials/documents must be submitted and originals submitted along-with for verification in support of the candidature.
- (3) Corrigendum, if any, shall be posted only on Web Site.
- (4) No correspondence or personal enquiries shall be entertained.
- (5) No TA/DA will be paid for the Skill Test.
- (6) GIPMER is doing the process for short-listing of eligible candidates for post of Attendants on directions of Health & FW Department, GNCT of Delhi.
- (7) List of shortlisted candidates as per the number vacancies in different hospitals will be handed over to respective hospitals for deployment through the outsourcing agency of the hospital, which however will be the sole responsibility of the concerned hospital.
- (8) While efforts will be made to consider residential address of the shortlisted candidates for place of posting, GIPMER will not entertain any request for change of the place of posting.
- (9) In case the present process fails to short-list the required number of eligible candidates (i.e. drug/substance abusers in abstinence for more than 1 year), the concerned hospitals will be authorized by H&FW Department to recruit Attendants directly at their level through their outsourcing agency.

**JURISDICTION OF DISPUTE:** - In case of any legal dispute the jurisdiction of court will be Delhi /New Delhi only.

**(MEDICAL DIRECTOR)  
GIPMER, NEW DELHI**

**ANNEXURE-I**

**APPLICATION FORM FOR ATTENDANTS ( Peers )**

Paste your  
latest passport  
size  
photograph  
duly self  
attested

1. Name (**In Block Letters**) \_\_\_\_\_

2. Father's/Husband's Name/Guardian's name \_\_\_\_\_

3. Correspondence Address (**In Block Letters**)  
\_\_\_\_\_  
\_\_\_\_\_

4. Whether past drug/substance addict: Yes/ No

If yes, since when off drugs/ substance (Certificate from NGO/Treating Institution is must) \_\_\_\_\_  
\_\_\_\_\_

5. Name of NGO (if under care): \_\_\_\_\_

6. Mobile No. / Local Tel No. (if available) \_\_\_\_\_

7. Date of Birth (If available): \_\_\_\_\_

8. Present Age (Must be above 18 years as on skill test date, may be verified in shortlisted candidates by medical examination if recommended by the Interview Board): \_\_\_\_\_

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

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

10. EXPERIENCE: As counselor on substance abuse if any : Yes / No

Name of the Institution	Worked as	Period of appointment		Enclose certificate from organization where worked
		From	To	

11. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed): \_\_\_\_\_

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.

**Date** \_\_\_\_\_

**Place** \_\_\_\_\_

Details of Enclosures:

**Name:-**

**Signature of the Candidate:-**