

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

(GOVT. OF NCT OF DELHI)  
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EMAIL:msgbpant@nic.in Website: www.gbpant.delhigovt.nic.in  
**(ADMINISTRATION BRANCH)**

F.28/GIPMER/Cardiology/Fellowship/ 17644/49

Dated:-09.10.18

**NOTICE**

**FELLOWSHIP PROGRAMME IN CARDIOLOGY**

Applications are invited for the various Fellowship programme in Cardiology Department of G.B. Pant Institute of Post Graduate Medical Education & Research (GIPMER), GNCTD.

The applications in the prescribed format, as per Annexure-I must be submitted at Counter 17 of Administration Branch of the Institute on or before 25.10.2018 upto 04.00 P.M. No application shall be entertained without the prescribed fee & after the abovesaid due date & time.

Accordingly, Details of Fellowship programme in various Fellowship programme in cardiology Department of this Institute are as under:-

S.No.	Name of Fellowship course	No. of Seats	Date of Exam	Time and Venue
1.	Non-Invasive Cardiology	3	01.11.2018	Auditorium Near Gate No-2.
2.	Pediatric Cardiology	2	01.11.2018	Timing:-2:00 PM onwards

The interview will be held on 10.11.2018 of the candidates who qualify the Exam.

**Qualification & Duration:** - The qualification and duration Fellowship are as under:-

S.No.	Name of Fellowship in	Duration of course (Maximum)	Qualification
1.	Non-Invasive Cardiology	18 Months	MD/DNB in General Medicine
2.	Pediatric Cardiology	18 Months	MD/DNB in Pediatrics

**Note:** - If Selected, candidates should produce DMC Certificate with P.G/DM 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/- + Other allowances as admissible under the rules.

**AGE LIMIT:** - Below 40 Years as on **01 Jan 2018 for post graduate candidates.** Relaxable for SC/ST by 05 Years and for OBC by 03 years (OBC candidates are required to submit their caste certificate issued by the Competent Authority of Govt. of NCT of Delhi).

**FEES PAYABLE:-** Rs.500/-( Non-Refundable) in the form of Demand Draft only issued by a nationalized bank in favour of MEDICAL SUPERINTENDENT, G.B.PANT HOSPITAL, payable at New Delhi.

### **SELECTION PROCESS**

- Selection shall be done the basis of written MCQ based qualifying exam followed by Interview. The No. of candidates called for interview shall be three times of no. of seats available.
- 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. No TA/DA will be paid for appearing in the aforesaid interview.
  3. The appointment and services of selected SR's will be governed under Residency Scheme.
  4. In case, interview cannot be completed on the scheduled date/duration the same shall be conducted on the following working day.
  5. No correspondence or personal enquiries shall be entertained.
  6. Bring all original documents along with their self attested photocopies on the scheduled date of Interview & on the date of joining to the post.
  7. Resignation: -She/He required to tender one month notice prior to her/his resignation in the Office of Head of Office or deposit one month salary in lieu of it.
  8. The Candidates are advised to check the Institute website regularly for any/further updation in the matter.
  9. **Important Information:- This fellowship is a hospital based training programme and not a degree of University of Delhi.**
  10. Fellowship completion certificate shall be issued after passing final certifying exam(clinical & practical) on completion of term.
- 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](http://gbpant.delhigovt.nic.in).

-Sd-

**ADMINISTRATIVE OFFICER**

F.28/GIPMER/Cardiology/Fellowship/

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 PS to Director, GIPMER, New Delhi.
5. The Incharge (Server Room), GIPMER with the direction to upload the notice alongwith annexure on the website of the institute immediately.
6. The Notice Board of the Administration Branch, GIPMER, New Delhi.

-Sd-

**ADMINISTRATIVE OFFICER**

**ANNEXURE-I**

**APPLICATION FORM FOR THE FELLOWSHIP PROGRAMME IN THE**

**DEPARTMENT OF CARDIOLOGY**

**(NON-INVASIVE / PEDIATRIC CARDIOLOGY)**

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):-

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

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

10. Delhi Medical Council Registration No: \_\_\_\_\_

Paste your  
latest passport  
size  
photograph  
duly self  
attested

11. Programme for which applying \_\_\_\_\_

**12. WORK EXPERIENCE:**

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:-**