

**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 & II below) for **Walk-in-Interview*/Skill Test**** of eligible candidates to fill up the following posts of Juvenile de-addiction centers in following Delhi Govt. Hospitals **purely on Contractual 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	Senior Residents (Psychiatry)*	Clinical Psychologist*	Social Workers**
DCB Hospital, Ashok Vihar Phase IV	2	Nil	Nil
Dr. BSA Hospital, Rohini	1	1	1
Pt. MMM Hospital, Malviya Nagar	1	1	1
DDU Hospital, Hari Nagar	1	1	1
GB Pant (GIPMER), Delhi Gate	1	1	1
LBS Hospital, Khichripur	1	1	1
Total	7(3 GEN, 2 OBC,1SC, 1ST)	5(2 GEN, 1OBC,1SC, 1ST)	5(2 GEN, 1 OBC,1SC, 1ST)

Note: In case of Non availability of category candidates, the vacant posts would be filled up from eligible candidates from other categories.

a) ELIGIBILITY: -

For Senior Residents: As per residency scheme: MBBS with P.G Degree in Psychiatry/ or Diploma in Psychological Medicine from a Recognized University/Institution and should be Registered with Delhi Medical Council.

For Clinical Psychologist: Masters in Psychology with 55% marks or an equivalent degree with Clinical Psychology as special subject, Ph.D in Clinical Psychology/ M.Phil in Medical & Social Psychology, 2 years teaching/research experience for non-Ph.D candidates.

For Social Worker: Post Graduate Degree in Social Science from recognized university.

NOTE: The candidates selected for post of Senior Residents will have to produce DMC Certificate with P.G. qualifications before joining. Those candidates who have applied for registration to DMC shall not be allowed to join merely on production of DMC fee receipt.

b) PAY: -

Senior Residents (Psychiatry): 15600-39100+G.P 6600+NPA+HRA+TA as admissible

Clinical Psychologist 15600-39100+G.P. 5400+ HRA+TA as admissible

Social Worker 9300-34800+G.P.4200+ HRA+TA as admissible

c) AGE LIMIT: - Below 40 Years for Senior Residents/ below 45 years for Clinical Psychologists/ below 30 years for Social Worker as on 5th May 2017. 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.)

d) FEES PAYABLE (Non-Refundable):- Rs.300/-for Senior Residents, Rs 100 for Clinical Psychologists and Social Workers in the form of Demand Draft only issued by a nationalized bank in favor of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL**, payable at New Delhi. The candidate may also deposit the Fee (in cash) to the Cashier at Accounts Branch of the Institute.

N.B :

(1) Self attested photocopies of certificates/testimonials/documents must be submitted and bring originals along with for verification in support of details submitted in the application.

(2) Corrigendum, if any, shall be posted only on Web Site.

(3) While efforts will be made to consider residential address of for the place of posting, GIPMER will neither guarantee nor entertain any request for change of the place of posting.

(4) No correspondence or personal enquiries shall be entertained.

(5) No TA/DA will be paid for the Interview.

(6) All candidates selected for any of the above posts will be required to undergo medical examination for fitness in their respective hospitals of posting before joining.

CONDITIONS OF RECRUITMENT (Senior Resident):-

1. The tenure of Senior Resident (Psychiatry) is for 01 year as per present approval of GNCTD.
2. Other service conditions as prescribed from time to time by the GNCTD will be applicable.
3. The candidates who are already in Govt. service should submit NOC.
4. The candidates should be registered with Delhi Medical Council.
5. Their service will be governed by residency scheme.
6. Where no fresh candidates are available, candidates who have completed three years residency but are willing to serve as Senior Resident may also be allowed to appear in the interview.
 - (i) Separate merit lists for fresh candidates and for others (those who have completed 03 years of residency) would be prepared.
 - (ii) Firstly, the list containing names of fresh candidates would be exhausted for appointment as senior residents and the second list would be used only after that.
 - (iii) Further, all Senior Residents appointments from second list will be for one year only in adhoc basis. It would not be renewable after one year.

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 THE POST OF SENIOR RESIDENT

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

2. Father's/Husband's Name _____

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

Paste your
latest passport
size
photograph
duly self
attested

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

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:-

ANNEXURE-II

APPLICATION FORM FOR CLINICAL PSYCHOLOGIST / SOCIAL WORKERS

Paste your
latest passport
size
photograph
duly self
attested

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.					

9. EXPERIENCE:

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

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

11. Details of Publications: - _____

12. Conference attended: - _____

13. Email address: - _____

14. 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.

Date _____

Place _____

Details of Enclosures:

Name:-

Signature of the Candidate:-