

MAHARISHI VALMIKI HOSPITAL
GOVT. OF N.C.T. OF DELHI
POOTH KHURD, DELHI-110039.

F.1(1-ii)/3/MVH/2015/3355

Dated:- 13/6/15

NOTICE FOR WALK-IN INTERVIEW

A walk-in interview will be held for the appointment of Junior Resident [Dental] under Residency Scheme in this hospital as per details given below. The appointment will be on Regular Basis for a period of three months extendable up to six months only subject to the satisfactory work & conduct report.

[1] VACANT POSTS

JUNIOR RESIDENT [DENTAL]

Gen	OBC	SC	ST	Total	Date Day of interview
-	-	-	1	1	22.06.2015 MONDAY

(2) ELIGIBILITY FOR THE POST OF JUNIOR RESIDENT [DENTAL]

- 1. Qualification:-** BDS degree from recognized university/institute. Attested copy of BDS Degree/Provisional Certificate & Mark Sheets of all four years to be attached. Must not have completed six months Junior Residency in any recognized/Govt. institute/hospital in India including Regular or Adhoc basis.
- 2. Age:-** Age as on date of interview shall be 35 years for ST candidates.
- 3. Pay Scale:-** Pay in Pay Band 3- Rs.15600-39100 + 5400 GP with NPA + other allowances as admissible.
- 4. Internship:-** Must have completed one year internship not before 2 years as on date of interview.
- 5.** Must be registered with Delhi Dental Council. The candidates registered with any State Dental Council of the Country will also be considered for interview. However, such candidates will have to register themselves with Delhi Dental Council, upon selection.
- 6.** The appointment and services will be governed under Residency Scheme.
- 7.** Appointment will be initially for a period of three months extendable up to six months on the basis of satisfactory work & conduct report from the concerned HOD and written request from the doctor concerned.
- 8.** Appointment will be subject to medical fitness and verification of certificate of educational qualification/age/ caste/DDC registration and internship completion certificate etc.

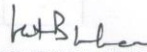
[3] CONDITION FOR RECRUITMENT:

- [1]** All the eligible candidates should report in the office of the undersigned at 9.30 AM. **[Time for enrollment from 9.30 A.M. to 11.30 A.M. only]** on the day of interview. **No candidate will be entertained after 11.30 AM.**
- [2]** No TA/DA will be given for appearing in the interview.
- [3]** Persons with disabilities shall be given relaxation as per rule.

- [4] Hostel accommodation is compulsory for Junior Residents.
- [5] Candidate must submit their Bio-data with attested photocopy of certificates and original documents should be shown at the time of interview.
- [6] The list of selected candidates will be available on the website www.health.delhigovt.nic.in under "Vacancy and Result". No correspondence/personal enquiries shall be entertained.
- [7] Candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before appearing the interview.
- [8] Other service conditions will be applicable as per service conditions prescribed from time-to-time by the Govt. of NCT of Delhi.
- [9] Jurisdiction of Dispute- In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi.

Details and Application format can be downloaded from the website: www.health.delhigovt.nic.in under "Vacancy & Result".

Gen	ORC	SC	ST	Total	Date/Day of interview
				1	22.06.2018 MONDAY


 (DR. KIRTI BHUSHAN)
 MEDICAL SUPERINTENDENT

MAHARISHI VALMIKI HOSPITAL
GOVT. OF NCT OF DELHI
POOTH KHURD, DELHI-110039.

APPLICATION FORM

Affix recent
passport size
photograph

NAME OF THE POST: **JUNIOR RESIDENT [DENTAL]**
[APPLIED FOR]

- 1) NAME OF THE APPLICANT: _____
[In capital letter]
- 2) FATHER'S/HUSBAND'S NAME : _____
- 3) DATE OF BIRTH(D/M/Y) : _____
- 4) PERMANENT ADDRESS : _____
: _____
- 5) ADDRESS FOR CORRESPONDENCE: _____

- 6) Mob No./Email Id.: _____
- 7) CATEGORY : UR/OBC/SC/ST/PH
- 8) EDUCATIONAL QUALIFICATION AFTER MATRICULATION:

EXAM PASSED	YEAR	BOARD/UNIVERSITY	NO. OF ATTEMPTS IN BDS

- 9) DATE OF COMPLETION OF INTERNSHIP : _____
[FOR JUNIOR RESIDENT ONLY]
- 10) NO. AND DATE OF REGISTRATION : _____
IN **DELHI DENTAL COUNCIL/STATE DENTAL COUNCIL ETC.**
- 11) ADDITIONAL INFORMATION/
EXPERIENCE, IF ANY: _____

I solemnly declare that the above statements made by me are correct to the best of my knowledge and nothing has been concealed thereof.

Date:-

Signature of candidate

List of enclosures:

Certificates in support of Age, Educational Qualification, DDC Registration, Internship Completion, Caste, Disability, Experience ,if any.
Any other certificate.