

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
OFFICE OF MEDICAL DIRECTOR, LOK NAYAK HOSPITAL
JAWAHAR LAL NEHRU MARG, NEW DELHI-110002
E-mail: lnhmsoffice@gmail.com Ph. No. 011-23236000

F.No.E-269677/LNH/2025/ 336

Dated: 28-01-2026

VACANCY NOTICE

Lok Nayak Hospital invites applications from the eligible Government Officials retired from the post of Sr. Assistant/ Assistant Section Officer and above as **Consultants** against the vacant sanctioned post of Junior Assistant/Senior Assistant/Stenographer on contractual basis (maximum age limit shall not be beyond 65 years). The initial engagement shall be for a period of six months from the date of engagement or till the regular incumbent joins, whichever is earlier. The remuneration will be paid on the basis of last pay minus basic pension plus DA at the applicable rates as per Finance OM No.F.20/4/2015-AC/204-248 dated 04.12.2015.

The eligible candidates is required to submit the duly filled application form (attached) to the Establishment-V. MRD building, 5th Floor, Lok Nayak Hospital, New Delhi-110002 from 23.02.2026 to 27.02.2026 between 11:00 AM to 04:00 PM from Monday to Friday.

The walk-in-interview for the posts will be conducted on 18/03/2026 from 11:00 AM onward. Interested candidates are directed to bring their original certificates of educational and professional qualifications and experience at the time of the walk-in interview, as per the schedule given above.



(Dr. B.L. Chaudhary)
Medical Director, LNH

Copy to:

- ✓ 1. MOI/C-IT, Lok Nayak Hospital, with the request to upload the same on the website of this hospital.
2. Section Officer, General Branch for publication.

APPLICATION FORM

Paste a passport
size photograph of
the candidate

1. **Applied for the post :** _____

2. Name of the Candidate : _____

3. Father's / Husband's name : _____

4. Date of Birth : _____

5. Date of Retirement : _____

6. Post held at the time of Retirement : _____

7. Residential Address : _____

8. Contact No. : _____

9. Educational/Professional Qualification: _____

S.No.	Educational/Professional Qualification	Experience in the Field of	Period of Experience	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				

10. The applicant must be attached the copies of the respective qualification/experience certificates and other relevant documents with the application form.

11. P.P.O. NO.....(Attached herewith).

I undertake that the particulars mentioned in the application form are true and best of my knowledge.

(Signature of the Candidate)