

### GOVT. OF NCT OF DELHI OFFICE OF THE MEDICAL DIRECTOR LOK NAYAK HOSPITAL, NEW DELHI-110002 (ESTABLISHMENT-I)

F.P.o.16167/Inter/Neurosurgery/SR/E-1/LNH/2016/ X59

Dated: 04/12/17

## WALK IN INTERVIEW NOTICE

Walk in interview will be held as per the schedule given below at **09.30 AM** (Reporting Time) in LNH in connection with filling up the vacant posts of Senior Residents on purely adhoc basis in the pay matrix of level-11 at (Rs. 67700-208700) and other usual allowances as admissible under rules:

### V ancy Position:-

l. No.	Name of the Department	Vacancy*	Date for nterview
1	Neurosurgery (Senior Resident)	04	11-December-2017
2	Neurosurgery (Senior Resident Against Non Teaching Specialist.	04	11-December-2017
	Total Vacancy	08	

<sup>\*7</sup> has number of vacancy may vary on the date of interview.

The appointment will be in spells of 89 days and maximum up to 3 years including any service already rendered or till such time Senior Resident(s) on regular basis joins, whichever is earlier. The posts are to be filled up strictly on merit.

Application with photocopy of the following documents along with 2 (two) photographs should be submitted between 09:30 AM to 11.00 AM on the date of interview in the office of Addl. Medical Superintendent (Admn.) in Room no. 005, Administrative Block, LNH.

- 1. All educational qualification certificates including the PG degree/diploma (MS-Surgery for Neurosurgery)

  Certificate of age proof (age limit as on the date of interview 33 years for General relaxation for 05 years for SC & ST and 03 years for OBC, OBC certificates issued from Govt. of NCT of Delhi will only be considered).
- 3. DMC with PG degree/diploma or receipt of DMC with PG degree.

  In case the DMC certificate mentioning the PG Degree is not submitted within next 15 days from the date of offer of appointment, the candidature will be cancelled without any further reference to the matter and no request for the extension of time for submission of the said document will be entertained.
- 4. Residential proof (like Aadhar Card, Election ID Card or Passport).

Applications will NOT be accepted after 11.00 AM. The applications so received will be scrutinized and the candidates found suitable will be directed to appear before the board at above mentioned venue.

As per Department of Health and Family Welfare circular vide number F.No. 121/26/2010/H&FW/DSHFW/ 1996-2045 dated 10/6/11 "upper age limit for eligibility will be 40 years in place of existing 33/35/38 years in case the fresh candidates are no vailable and even the candidates who have completed 3 years of residency but are willing to serve as residents are allowed to selected subject to the suitability as per other terms & conditions. The senior residents appointments under the relaxed criteria will be for 01 year."

The recruitment shall be made strictly as per the Residency Scheme as circulated by Department of Health & Family Welfare, GNCTD. The mode of selection will be by interview (Viva Voce). Information regarding any change in the mode of selection will be uploaded on the website of LNH.

The candidates are advised to visit the website of Lok Nayak Hospital on regular basis i.e. <a href="http://dolhi.gov.in/wps/wcm/connect/DoIT\_LNJP/lnjp/home">http://dolhi.gov.in/wps/wcm/connect/DoIT\_LNJP/lnjp/home</a>.

Corrigendum, if any will be displayed on this website. The format of application form is enclosed herewith.

(DR. S.K BANSAL) Addl. MS (Admn.)

#### Copy to:-

- 1. Dean MAMC, Director GIPMER, Director GNEC, MD DDUH, MD GTBH and MD BSAH with the request to get the notice displayed on Notice Board.
- 2. PS to MD, LNH
- 3. Notice Board of MD, LNH
- 4. HOD-Neurosurgery.
- 5. MoI/C, IT Department for uploading on the Website of LNH
- 6. MOI/C, IT Department for uploading on the Website of H & FW Deptt. GNCTD.

(DR. S.K BANSAL) Addl. MS (Admn.)

# APPLICATION FOR THE POST OF SENIOR RESIDENTS ON ADHOC BASIS IN LNH

PECIALITY				Affix Latest Passport size Photograph	
ATEGORY UR OF OF Please tick whichever is a		PH			
. Name of Applicant (in b	lock letters )	·			
. Father's / Husband's Na	me	<b>:</b>	<u></u>		
. Date of Birth		<b>:</b>			
. Residential Address Per	manent		·		
	Local	1			
5. Contact (Phone No.)			(R)		
Email ID					
7. Valid DMC Registration Date for concerned special	lity				
7. Valid DMC Registration Date for concerned specials. Academic Qualification  Qualification	lity  1:  Year of		% of Marks/Division	Number of attempts	
Oate for concerned specia  3. Academic Qualification	lity ı:	:	% of	Number of attempts	
Oate for concerned special  3. Academic Qualification  Qualification	lity  1:  Year of	:	% of	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1 <sup>st</sup> prof.	lity  1:  Year of	:	% of	Number of attempts	
Oate for concerned special  3. Academic Qualification  Qualification  MBBS 1 <sup>st</sup> prof.  MBBS 2nd prof.	lity  1:  Year of	:	% of	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1 <sup>st</sup> prof.  MBBS 2nd prof.	lity  1:  Year of	:	% of	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1 <sup>st</sup> prof.  MBBS 2nd prof.  MBBS 3rd <sup>t</sup> prof.  MBBS 4th prof.  PG Degree/Diploma	lity  Year of passing	Board/University	% of	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1st prof.  MBBS 2nd prof.  MBBS 3rdt prof.  MBBS 4th prof.  PG Degree/Diploma  09. Whether worked as S	lity  Year of passing  enior Resident	:	% of Marks/Division	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1 <sup>st</sup> prof.  MBBS 2nd prof.  MBBS 3rd <sup>t</sup> prof.  MBBS 4th prof.  PG Degree/Diploma	lity  Year of passing  enior Resident	Board/University  on regular /Ad-hoc basis:	% of Marks/Division	Number of attempts	
Oate for concerned specia  3. Academic Qualification  Qualification  MBBS 1st prof.  MBBS 2nd prof.  MBBS 3rdt prof.  MBBS 4th prof.  PG Degree/Diploma  09. Whether worked as S	lity  Year of passing  enior Resident	Board/University  on regular /Ad-hoc basis:	% of Marks/Division	Number of attempts	

		<del></del> 2/2
10.	Experience (if any) after PG	i
11,	Details of Publications	
12.	Conference Attended/Presentati	
Dec	laration:	<u></u>
belie	of.	ove statements made by me are true and correct to the best of my knowledge and
Date	d:	
Place	e:	(SIGNATURE OF APPLICANT)
	osure:- lose as per following order)	
Pleas	e tick in the box :	
1.	Copy of Date of Birth Certif	ficate
2	Copy of Caste Certificate if	applicable
3	Copy of PH Certificate if ap	plicable
4.	Copy of valid DMC for PG I	Degree/DNB/Diploma
5	Copy of attempt certificate o	- [사용] [마고리트 12] [마스테 프라이어의 H 프로디어 (M. H. 프리티스트) 및 기에 (P. H.
6		e of PG Degree/DNB/Diploma
7.	Copies of publications	
8.	Any other awards/Distinct	ion