

## WALK-IN-INTERVIEW

Applications are invited from the interested candidates for filling up of the following posts on contract basis for a period of one year for De-addiction and Treatment Centre at Dr. RML Hospital under Drug De-addiction Programme of Ministry of Health and Family Welfare:

S.NO	Name of Posts	No. of Posts	Consolidated remuneration (in Rupees)	Date of Interview	Time of Interview
1.	Assistant Professor	01	95,000	5.10.2020	10 am
2.	Senior Resident	02	115300	5.10.2020	10 am
3.	Staff Nurse	04	37500	6.10.2020	10 am
4.	MTS	02	22212	7.10.2020	10 am
5.	Data Entry Operator cum Record clerk	01	24465	8.10.2020	10 am

### Eligibility Criteria for Assistant Professor

#### 2. Educational Qualification

1. A recognized MBBS degree qualification included in the First Schedule or Second Schedule or Part II of the Third Schedule (other than licentiate qualifications) to the Indian Medical Council Act, 1956 (102 of 1956). Holders of educational qualification included in part II of the Third Schedule should also fulfill the conditions specified in sub section (3) of section (13) of the Indian Medical Council Act, 1956.
2. Post Graduate degree in the concerned Specialty/Super Specialty mentioned in Section A of Schedule A of Schedule VI of Central Health Service Rules, 2014.

**Note-I :** For equivalence of DNB qualifications with MD/MS or DM/M.Ch., the candidates holding DNB qualifications would need to get their qualification verified by NBE as to whether it is as per the requirement of the Gazette notification No. MCI-12(2)/2010-Med. Misc. dated 11.6.2012 and produce such verification certificate at the time of Interview.

**Note-II :** Any Post Graduation Degree or Diploma awarded by any Indian Universities, included in or excluded from, the schedules to Indian Medical Council Act, 1956 (102 of 1956), consequent to recognition granted or withdrawn by Govt. of India as per provisions of the said Act shall be deemed to have been included or excluded accordingly from the Schedule-VI.

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**Note-III :** The Post Graduation medical Qualifications awarded by Indian Universities, must have been included in the Schedules to the Indian Medical Council Act, 1956 (102 of 1956) for the purpose of Schedule VI.

**Note-IV :** In the case of holders of Doctorate of Medicine (D.M.) qualification of five year's duration, the period of Senior Post Graduate residency rendered in the last part of the said D.M. shall be counted towards requirement of teaching experience.

**Note-V :** Teaching experience in any other post like the post of General Duty Medical Officer or Medical Officer shall not be considered for eligibility purpose for requirement to teaching posts.

**Note-VI :** The crucial date for determining the age limit shall be the date of interview

### **3. Experience**

At least three years teaching experience as Senior Resident or Tutor or Demonstrator or Registrar in the concerned Specialty/Super-Specialty in a recognized teaching Institution after obtaining the first Post graduate degree.

Note : Teaching experience in any other post like the post of General Duty Medical Officer or Medical Officer shall not be considered for eligibility purpose for recruitment to teaching posts.

**5. Age:** Candidates should not be more than 40 years of age on the date of interview, relaxable as per instructions of Government of India.

### **Eligibility criteria for the post of Senior Resident**

1. He/she should be MD/DNB in Psychiatry from recognized university (permitted by MCI).
2. He/she should be registered with Delhi Medical Council (DMC).
3. Age Limit : Not exceeding 37 years

### **Eligibility Criteria for the post of Staff Nurse**

1. B.Sc (Hons) Nursing/B.Sc Nursing from an Indian Nursing Council/State Nursing Council from recognized Institute or University or

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B.Sc (post-Certificate)/Post Basic B.Sc. Nursing from an Indian Nursing Council/State Nursing council recognized institute/University.

2. Registered as Nurses & Midwife with State/Indian Nursing Council
3. Two years' Experience in a minimum 50 bedded Hospital after acquiring the educational qualification mentioned above as applicable.
4. Age Limit : Between 18-30 years

### **Eligibility Criteria for Data Entry Operator cum Record Clerk**

1. The applicant should be Graduate from any recognized university with 2 years of experience or Post Graduate. The applicant should have basic computer skills (MS word, Excel, Power Point) and Knowledge of basic statistics.
2. Age Limit 18-27 years

### **Eligibility Criteria for Multi Tasking Staff**

1. He/she should be 12<sup>th</sup> standard from any recognized board.
2. Age Limit 18-27 years

### **General Conditions for all the above posts**

#### **1. Age Relaxation Criteria**

No	Category	Age relaxation permissible
1.	SC/ST	5 years
2.	OBC	3 years
3.	PWD	10 years
4.	PWD+OBC	13 years
5.	PWD+SC/ST	15 years

- Cut off date to determine eligibility in terms of age of candidates will be the date of interview.
  - Candidates applying under any of the reserved category viz. SC/ST/OBC/PWD/EWS will be considered subject to submission of valid Certificate from the concerned authority on a prescribed format
2. **Leave:** The appointee shall be granted leave in accordance with the instructions issued by the Government of India from time to time.
  3. The candidate who is already in Government Service shall submit No Objection Certificate from the present employer at the time of interview.

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4. No TA/DA is admissible for the interview. Canvassing of any kind will lead to disqualification. Suitable and willing candidates may walk in for interview on the date specified for the interview along with application in prescribed format along with 4 passport size photographs. Candidates should report at Room No. at Department of Psychiatry on the interview date. The candidates must bring the filled application form and the original certificates at the time of registration (with two set of self attested copies of documents).
5. Jurisdiction of Dispute: In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

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**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR IN DEPARTMENT OF  
PSYCHIATRY IN ABVIMS, DR. RML HOSPITAL**

1. Name in Full (Capital letters)
2. Sex:
3. Date of Birth:
4. Father's Name:
5. Category:
6. Nationality:
7. Permanent Address:
8. Address for Communication:
9. Mobile No & E-mail ID:

## 10. Academic Qualifications (MBBS onwards):

Name of Exam	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Institute/ College	University	Year of passing
MBBS							
MD/MS/DNB							

DM/M.Ch.							
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11. Research Papers published, if any (Give details & proof):

12. Details of Service rendered earlier/Experience in related field:

Designation	Name of the Organization	Duration of Tenure		Total Period
		From	To	

13. Medical Registration Number:  
And Place of Registration

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.**

**Name & Signature of Candidate**

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**LIST OF ENCLOSURES (ALL SELF-ATTESTED)**  
**[The documents should be serially page numbered]**

- |  |     |
|--|-----|
| 1. Class 10 <sup>th</sup> Certificate for age proof  | ( ) |
| 2. Mark sheet of MBBS (Part I, Part II and Final year)   | ( ) |
| 3. Internship Completion Certificate   | ( ) |
| 4. MBBS Degree   | ( ) |
| 5. MBBS Attempt Certificate  | ( ) |
| 6. Post Graduate Degree/Provisional Pass Certificate from University                             | ( ) |
| 7. MD/MS (PG) Attempt Certificate  | ( ) |
| 8. DM/M.Ch. Degree/Provisional Pass Certificate from University                                  | ( ) |
| 9. Valid Teaching Experience Certificate for 3 years (Mandatory)                                 | ( ) |
| 10. DMC Registration Certificate for PG/ Proof of Registration for<br>PG Qualification under DMC | ( ) |
| 1. Proof of Publication/presenting paper in Conference/Case Report                               | ( ) |
| 1. Caste/Community/Disability Certificate (if applicable).                                       | ( ) |
| 1. NOC from present employer (if employed)   | ( ) |

**Signature of Candidate**

**APPLICATION FORM FOR THE POST OF DATA ENTRY OPERATOR AND MTS IN  
DEPARTMENT OF PSYCHIATRY UNDER DRUG DE-ADDICTION PROGRAMME OF  
MINISTRY OF HEALTH AND FAMILY WELFARE**

1. Name in Full (Capital letters)

2. Sex:

3. Date of Birth:

4. Father's Name:

5. Category:

6. Nationality:

7. Permanent Address:

8. Address for Communication:

9. Mobile No & E-mail ID:

10. Academic Qualifications:

Name of Exam	Maximum Marks	Marks Obtained	% of Marks	Institute/ College	Year of passing

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12. Details of Service rendered earlier/Experience in related field:

Designation	Name of the Organization	Duration of Tenure		Total Period
		From	To	

**Declaration:** I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of the Programme.

**Name & Signature of Candidate**

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**ANNEXURE**

**GOVERNMENT OF INDIA**  
**PGIMER & DR. RAM MANOHAR LOHIA HOSPITAL : NEW DELHI**

Application Form for the Post of **Senior Resident** in **Department of** \_\_\_\_\_ .

1. Name in Full :  
(in block letters)
2. Sex :
3. Age & Date of Birth :
4. Father's Name :
5. Category :  
(SC/ST/OBC/Un-Reserved)
6. Person with Disability (PWD) :
7. Nationality :
8. Permanent Address :  
(In Block Letters)
9. Address for Communication :  
(In Block Letters)
10. Mobile number :
11. e-mail address :

Affix Latest  
Passport Size  
Photograph  
(Self Attested)

12. Educational Qualification (MBBS onwards)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Number of Failures	Institute/ College	University	Year of Passing
MBBS							
Ist year							
2 <sup>nd</sup> Year							
3 <sup>rd</sup> Year (Part-I)							
3 <sup>rd</sup> Year (Part-II)							
TOTAL							
MD/MS/ DIPLOMA/ DNB							

13. Research Papers published :  
if any (Give details & Proof)

:2:

14. Details of service done earlier:

Designation Senior Resident	Name of Government Organization	Duration of Tenure		Total Period
		From	To	

15. Medical Registration Number :  
and Place of Registration/  
DMC Registration Number (for  
PG)

16. Date of PG completion :

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of PGIMER, Dr. RML Hospital, New Delhi.**

(Signature of Candidate)

**List of enclosures (all self-attested):**

**Please Tick Page No.**

- |   |     |     |
|---|-----|-----|
| 1. Class 10 <sup>th</sup> certificate for age proof.                                | ( ) | [ ] |
| 2. Mark Sheet of MBBS (Part I, II and Final Year)                                   | ( ) | [ ] |
| 3. Internship Completion Certificate  | ( ) | [ ] |
| 4. MBBS Attempt Certificate   | ( ) | [ ] |
| 5. MBBS Degree  | ( ) | [ ] |
| 6. MD/MS (PG) Attempt Certificate   | ( ) | [ ] |
| 7. MD/MS Degree/Provisional Pass Certificate from University                        | ( ) | [ ] |
| 8. DMC Registration Certificate for PG /Proof of Registration for PG Qualification. | ( ) | [ ] |
| 9. Proof of publication/presenting paper in conference/Case Report.                 | ( ) | [ ] |
| 10. Caste/Community/Disability Certificate (if applicable)                          | ( ) | [ ] |
| 11. NOC from present employer (if employed)   | ( ) | [ ] |

(Signature of Candidate)

**APPLICATION FORM FOR THE POST OF STAFF NURSE IN DEPARTMENT OF  
PSYCHIATRY FOR DE-ADDICTION AND TREATMENT CENTRE AT ABVIMS, DR. RML  
HOSPITAL**

1. Name in Full (Capital letters)

2. Sex:

3. Date of Birth:

4. Father's Name:

5. Category:

6. Nationality:

7. Permanent Address:

8. Address for Communication:

9. Mobile No & E-mail ID:

10. Academic Qualifications

Name of Exam	Maximum Marks	Marks Obtained	% of Marks	No. of Attempts	Institute/ College	University	Year of passing

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12. Details of Service rendered earlier/Experience in related field:

Designation	Name of the Organization	Duration of Tenure		Total Period
		From	To	

13. Registration Number:  
And Place of Registration

**Declaration:** I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of ABVIMS, Dr. RML Hospital, New Delhi.

Name & Signature of Candidate

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