Lady Hardinge Medical College

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LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

F. NO. 7/Ad-hoc-SR/2021/ 4031 **Dated:** 01-5-21

Subject: Walk-in-appointment on first come first serve basis for the post of Senior Resident Doctors purely on Ad-hoc basis for 3 months'.

Walk-in-appointment on first come first serve basis for the post of Senior Resident Doctors purely on Ad-hoc basis for 3 months' will be held as per following schedules:

SL No	Name of the department	Required posts	Date of Registration
1.	Medicine/Anesthesia/TB and Respiratory Medicine	48	3rd May 2021 onwards till the posts is filled up

Terms & Conditions:

1. **Eligibility Criteria/Qualification: Post Graduate Degree/DNB/PG Diploma in concerned specialties.**
DMC Registration: The candidate should have valid DMC registration certificate at the time of interview.in the concerned specialty from a recognized university (as well as Specialty recognized/ permitted by MCI) and should be registered with Delhi Medical Council OR applied for registration (proof required) subject to provision of passing out certificate. Further, the candidates who have submitted receipt showing that they have applied for DMC registration at the of interview, should valid DMC Registration Certificate within 45 days of joining otherwise their candidature will be cancelled.

2. **Admissible Emoluments**: Rs.90,000/- per month (fixed).

3. **Upper Age Limit**: Not exceeding **45 years** (relaxable by 5 years for SC/ST candidates, 3 years for OBC Candidates. Age Relaxation of 10 years for persons with disability (15 years for SC/ST and 13 years for OBC Candidates).

4. **Tenure:** The appointment is Initially for 3 months in wake of outbreak of COVID-19.

5. **If the candidate leaves the job without completing the tenure or submits the resignation during the period and thereafter, stops to come to the Institution, the dues of incomplete period will be forfeited and no experience certificate will be issued for the incomplete period.**

6. **Mode of selection:** The selection will be made on FIRST COME FIRST SERVE basis subject to the completion of papers i.e. E.Q., Experience, DMC registration etc.

7. The selected candidates to the post of Senior Residents are allowed to join only after being declared medically fit by the Staff Physician, LHMC & Smt. S. K. Hospital, New Delhi.

8. **Instructions**
   (i) All the columns in application form must be filled properly and incomplete application is liable to be rejected summarily.
   (ii) the duly filled application in all respects should be submitted by applicant before interview board on the day of interview.
   (iii) The copies of all the required certificates duly self-attested by the applicant must be attached with the application. The candidates must bring their all original certificates at the time of joining for verification.

Note: Any discrepancy pertaining to the documents may invite cancellation of appointment beside as well as a legal action under the relevant provisions of Indian Penal Code (IPC).

Enclosure as mentioned herein under are to be attached with the application(s):

a. **Certificate in support of age (10th Certificate)**
b. **All MMBS/MD/MS/DNB/Diploma mark sheets (year wise).**
c. **Attempt certificate UG & PG both**
d. **Internship completion certificate**
e. **Degree of MBBS/MD/MS/DNB/Diploma**
f. **DMC Registration on PG/DNB, if applied for- copy of the same**
g. **Identity proof viz. Adhaar Card., Voter ID Card, Driving license, Passport etc.**
h. **Caste/Community/Disability Certificate, if any**
i. **Experience certificate, if any.**
j. **Publications/Papers, if any**

9. Applicant must report in Admn. I Section, Administrative block, Ground Floor, LHMC & Smt. S. K. Hospital, New Delhi at 9.30 AM on the schedule date of registration positively.

10. The selection will be made on FIRST COME FIRST SERVE basis.

11. The selected candidates will report for duty within the period of 07 days from the date of issue of the appointment letter. Candidature may be cancelled in case of non-compliance of reporting in prescribed time.

12. All the selected candidates will have to produce their original certificates at the time of joining. Any type of discrepancy may invite cancellation of appointment and legal action as per the rules.

13. In case of any legal dispute the jurisdiction of the court will be Delhi/New Delhi.

Deputy Director (Admn.)

Annexure I

To
The Director, LHMC & Associated Hospital,
New Delhi-110001

Application form for the post of Senior Resident (Ad-hoc) in the Department of _____

Affix passport Size photograph Attested by Gazette officer

1. Name of the applicant (In Capital letters) : _____
2. Name of the applicant in Hindi : _____
3. Sex(Male/Female) : _____
4. Date of Birth & Age : _____
5. Category (SC/ST/OBC/ EWS/GEN) : _____
6. Whether Divyang (PWD) (write Yes or No) : _____
7. Father's/Husband's Name : _____
8. Nationality : _____
9. Residential Address (In Capital Letters) : _____
   _____
10. Permanent Address (In Capital Letters) : _____
    _____
11. Tick correspondence address:

Residential		Permanent	

12. Particulars of exam passed (MBBS/BDS and Onwards)

Name of Examination	Month & Year of Passing	Class/Division	No. of attempts	Name & place of the Institute/College	Name & place of the University
MBBS/BDS					
MD/MS/DNB/Diploma					

13. Mobile No. : _____

14. E-mail : _____

15. Aadhar No. : _____

16. PG QUALIFICATION/SPECIALTY/DISCIPLINE : _____

17. Whether obtained any position in the university, if so, a copy of the attested certificate to be enclosed:

18. Prize /Medals /Publications /Conference Attended etc., if any (copies of attested certificate to be enclosed):

19. Extra-Curricular activities, if any (copies of attested certificate to be enclosed)

20. Previous Experience, if any, details thereof:

21. Experience after PG : _____

22. Whether at present employed if so, details of employment and date of joining etc. to be mentioned :

Name of employer	Designation	Pay Scale	Nature of duties	Period of stay		Last pay drawn	Reason for leaving
				From	to		

23. Permanent DMC Registration No.: : _____

24. CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES)

Xth Pass certificate	DMC Registration on PG/DNB, if applied for- copy of the same	All MBBS/MD/DNB/Diploma Mark-Sheet	Internship Completion Certificate	Degree of MBBS/MD/MS/ DNB/Diploma

Experience certificate, if any	Identity proof viz. Adhaar card, Voter ID card, Passport etc.	Cast/community /disability certificate, if any	Whether self-attested photocopies of all Certificate/Degree are enclosed with applicant

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25. UNDERTAKING:

I solemnly verify and declare that the above-mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of LHMC & Assoc. Hospital may take necessary action against me.

Dated: _____ Signature of Candidate