RAJIV GANDHI SUPER SPECIALITY HOSPITAL (An Autonomous Institute under Govt. Of N.C.T of Delhi)

TAHIRPUR, DELHI-110093

Tel. No.: 011-22890702 | Website: www.rgssh.co.in | Email: admnrgssh@gmail.com

F.No.2/Admin/60/SR Recruit. (Adhoc)/RGSSH/2024 | 559

Dated: 04/05/24

ADVERTISEMENT NUMBER 04/2024

Applications are invited for recruitment for the post of Senior Residents in various departments on 44 days Adhoc basis at Rajiv Gandhi Super Speciality Hospital (RGSSH).

1. The details of the vacancies of Senior Resident in various departments are as under:-

| S.No. | Department | Total number of vacant posts | Date of Interview |
|-------|------------------|-------------------------------------|--|
| 1 | Anaesthesia cum | 13 | Date: 10.05.2024, 24.05.2024, |
| | Critical Care | · A | 14.06.2024 & 28.06.2024 or till vacancies are filled or |
| 2 | Biochemistry | 2 | regular recruitment notice published whichever is |
| 4 | Cardiology | 10 | earlier. Registration time: 10AM to |
| 5 | CTVS | 5 | 12PM on the date of Interview. |
| 7 | GI Medicine/ | 1 | Interview time: 12 PM |
| | Gastroenterology | | onwards |
| 8 | G.I. Surgery | 3 | |
| 9 | Microbiology | 3 | |
| 10 | Nephrology | 1 | -41 |
| 11 | Pathology | 1 | |
| 12 | Pulmonology | 4 | The state of the s |
| 13 | Radiology | 6 | AND THE RESERVE TO TH |
| 15 | Urology | 2 | |
| | Total | 51 | |

2. Important note:-

- i. The number of vacant posts indicated above is provisional and subject to change without any notice.
- ii. The contract can be terminated on either side by given 07 days notice period or paying salary of equivalent period. However if contract is terminated on the basis of unsatisfactory work and conduct report or disciplinary ground, immediate termination of contract will be made.

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3. The details regarding educational qualifications, experience required, age limit etc. and Pay Scale are as under:-

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|------------------------------|--|---|--|--|--|
| Name of the | | SENIOR RESIDENTS | | | |
| post | · · · · · · · · · · · · · · · · · · · | | | | |
| Educational Qualification | Essential | medical qualification included in the I or II schedule or art II of the thirdschedule to the Indian Medical Council act of 1956 (persons possessing qualifications included in art II of this schedule should also fulfill the conditions becified in section 13(3) of the Act) or A MBBS degree om a recognized institute by Indian Medical Council and Post Graduate Degree in broad or super speciality i.e. M/MCh./MD/MS/DNB/PG Diploma in relevant field as the case may be. In case such candidates are not available, IBBS with 3 years' experience in relevant field may be onsidered for the post. | | | |
| | Registration | The Candidates must have valid registration certificate from Delhi Medical Council OR Should have applied for DMC with proper acknowledgement at the time of interview, failing which the candidate will not be allowed to appear in interview. | | | |
| Pay Scale | Rs.15,600-39 | ,100 + GP Rs 6,600/- + NPA; Level 11 as per the 7 th CPC | | | |
| Age Limit | Age Relaxable to SC/ST/OBC/Departmental Candidates/Ex SM/PH etc. inaccordance with the instructions / orders issued by Govt. of India/DoPT from time to time. | | | | |
| Note | In case of non-availability of candidates, as per the relevant scheme mentioned above, candidates may be considered in terms of relaxation of provision as per circular No. F.No.12112612010/H&FW/1996-2045, dated 10.06.2011 and DHFW/Q015/57/2016-HR-Medical-Secy(H&FW)#1245062/1502-08 dated 26.11.20 issued by Health& Family Welfare Department, Govt. of NCT of Delhi with the following relaxation: | | | | |
| | (i) Upper age limit for eligibility will be 45 years. (ii) In the Specialties where no fresh candidates are available, candidates, who have completed 3 years of Sr. Residency, may also be allowed to appear in the interview. (iii) In case candidates with eligibility criteria mentioned at 2 above are not available, candidates having three year experience as Junior Resident in the concerned specialty / Super Speciality shall be considered for selection. | | | | |
| | (iv) Separate merit list would be prepared for the candidates who have completed their residency of 3 years as SR and JR with three year experience in concerned Speciality. (v) Firstly, the list containing name of fresh candidates would be exhausted for appointment as SR. Second list shall be used after first list is exhausted. Third list would be used only after second list is exhausted. | | | | |

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- (vi) Further, all senior Resident appointment from second list will be for maximum one year only on ad-hoc basis.
- (vii) Senior Resident may be assigned duties in Emergency Department as & when required in case of any exigency.

4. INFORMATION FOR CANDIDATES:

- (i) The selection to all posts shall be in accordance with the Memorandum of Association (MOA) of Rajiv Gandhi Super Speciality Hospital Society (RGSSH), Copy of MOA available on website www.rgssh.co.in, and as per Govt. Residency Scheme.
- (ii) Date of Walk-in Interview will be on 10.05.2024, 24.05.2024, 14.06.2024 & 28.06.2024 or till vacancies are filled or regular recruitment notice published whichever is earlier.
- (iii) Applicant must bring the filled application form in the attached format (neat & clean manner) along with requisite documents in original and a set of self-attested photocopy of documents on the date of Interview. No candidate will be allowed to appear in the Interview without filling the application form.
- (iv) Any information, notice or any corrigendum in regard to vacancy notice advertisement No. 04/2024 shall only be available on website www.rgssh.co.in.
- (v) The number of posts in various categories can vary (may increase or decrease) at the time of final selection as per the requirement of hospital.
- (vi) Priority will be given to reserve category candidates (SC/ST/OBC/PwD) if applying for SR as special drive.
- (vii) The contract may be terminated at any time may not be extended in case suitable candidates (i.e. Reserved category candidate/PG candidate in case of Non-PG SR/DM, MCh. in case of PG SR/Regular SR in case Adhoc SR).
- (viii) Candidates having Post Graduate (MD/MS) qualification and applying for super Speciality department like Cardiology & others will submit their preference regarding selection of department. However, Director can allocate department to such candidates as per the requirements of the hospital and can interchange departments later also as per need.
- (ix) The recruitment shall be for a period of 44 days on Adhoc basis and further extension will depends on the performance and joining of fresh regular candidate. The contract may be terminated at any time and may not be extended in case suitable candidate i.e. reserved category candidate, PG Candidate in case of Non-PG SR/DM, MCh. in case of PG SR/Regular SR in case Adhoc SR.
- (x) Candidature under age relaxation for SC/ST/OBC/PwD (DIVYANG (PH))/Inservice candidates/Ex-serviceman will be as per Govt. of India/DoPT/Govt of NCT of Delhi rules. Candidates seeking benefits of relaxation in age under SC/ST/OBC/PwD categories should produce the relevant certificates (issued on or before last date of application filling) issued by competent authority. In case of OBC candidate only non-creamy layer certificate issued within Six months period by competent authority of GOVT. of NCT of Delhi will be considered.
- (xi) 4% seats shall be reserved for DIVYANG (Person with Disability [PwD]) candidates on horizontal basis.
- (xii) The candidate must be a citizen of India & educational qualification, age, experience etc. as which mentioned in above table.
- (xiii) A merit list of selected and wait listed candidates list will be prepared based on walk in interview and same will be published on RGSS hospital website i.e.

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- www.rgssh.co.in as well as on website of Health & Family Welfare, Govt. of NCT of Delhi i.e. https://health.delhi.gov.in and no other method of communication shall be made.
- (xiv) The appointment to the said post will be subject to physical fitness from the competent medical board/ staff physician for which he/she will be sent to designated medical authority by the Institution before joining the post.

5. GENERAL INSTRUCTIONS FOR CANDIDATES:

- (i) The Director, RGSSH reserves the right to cancel a part of or entire process of recruitment or a part of it due to practice of unfair means, cheating or other irregularities/malpractice noticed by the RGSSH/ Any administrative reason(s) or even without assigning any reason thereof.
- (ii) The RGSSH reserves the right to cancel or modify the advertisement or part of it at any stage and information in this respect shall only be made available on the website www.rgssh.co.in.
- (iii) The decision of the Director RGSSH regarding selection of the candidates shall be final and binding.
- (iv) Canvassing in any form is strictly prohibited shall lead to outright rejection of the application.
- (v) Litigations, if any, shall be subject to the exclusive jurisdiction of Delhi Court only.
- (vi) For proof of Indian citizenship either a valid Indian Passport or Voter ID card shall be acceptable.
- (vii) For any query/clarification applicant may contact on email idadmnrgssh@gmail.com.

Important Information-

| Date of Walk Interview | 10.05.2024, 24.05.2024, 14.06.2024 & 28.06.2024 or till vacancies are filled or regular recruitment notice published whichever is earlier. |
|---|--|
| Date and time for reporting for Interview | 10 AM to 12 PM on same date |
| Venue for Interview | Conference hall 1 st Floor, Administrative Block (Block-7 th), RGSSH |

(Dr. Akashdeep Kumar) Administrative Officer, RGSSH

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RAJIV GANDHI SUPER SPECIALITY HOSPITAL TAHIRPUR, DELHI -110093

Tel. No.: 011-22890600, 011-22890601 □ Website: www.rgssh.co.in

<u>APPLICATION FORM</u> (Application form must be filled in Block letter only)

| | st applied: st Code: | | photo | oort size graph of didate |
|----|--------------------------------|--|-------|---------------------------------|
| 1. | Name (in Block Letter): | | duly | signed |
| 2. | Father's/Husband's Name: | | by | y self |
| 3. | D.O.B. (DD/MM/YYYY): | | | |
| 4. | Age: | Years Months Days_ (As on last date of receipt of Application/ Interview) | | |
| 5. | Whether SC/ST/OBC: | | | |
| 6. | Permanent Address: | | | |
| 7. | Correspondence Address: | | | |
| 8. | | Alternate No.: | | |
| 9. | Email address: | | | |
| | . Educational Qualification (S | Starting from matriculation Examination onwards): | | |

| Degree/ Exam | University/Board | Speciality | Year of Passing | Max Marks | Marks Scored | Number of Attempts |
|-------------------------------------|------------------|------------|--------------------|--------------|-----------------|--------------------|
| | | | 1 4001116 | 171641113 | Scored | 11ccmpts |
| X th /10 th | | | | | | |
| XII th /12 th | | | | | | |
| | | | | | | |
| MBBS 1 st | | | | | | |
| Professional | | | | | | |
| MBBS 2 nd | | | | | | |
| Professional | | | | | | |
| MBBS 3 rd | | | | | | |
| Professional | | | | | | |
| (Part I) | | | | | | |
| MBBS Final | | | | | | |
| Professional | | | | | | |
| (Part II) | | | | | | |
| FMCG/ | | | | | | |
| Exist Exam | | | | | | |
| Score** | | | | | | |
| MS/MD | | | | | | |
| | | | | | | |
| DNB | | | | | | |
| DM/MCh | | | | | | |
| (If available) | | | | | | |

| Any ot | her | | | | | | |
|------------------------------|--|-------------------------------|-------------------|----------------|-----------------|--------------|---------------|
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| * | Applicants ar | re instructed to enclosed m | ark sheets | of all attemp | ts (Pass/Fail) | | |
| ** | If applicable | | | 1 | , | | |
| | | | | | | | |
| 11. | Details of Ex | perience (if any) | | | | | |
| Name | of institute | Designation | Fron | 1 | To | Total | Experience |
| Tame | of institute | Designation | 11011 | | 10 | Total | Experience |
| | | | | | | | |
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| | | <u>DE</u> | CLARAT | <u>ION</u> | | | |
| | | | | | | | |
| | I hereby sole | mnly declare and affirm t | hat stateme | ents made in | this applicat | ion are tru | ie, complete, |
| correct | to the best o | f my knowledge and beli | ef. I under | stand that in | the event of | f any info | rmation/facts |
| being f | found untrue/f | alse/incorrect my candida | ture is liab | le to be cand | elled/termina | ated beside | es taking any |
| other a | ction deemed | fit in this regard. I will ha | ave no clair | n for absorp | tion after terr | nination/c | ompletion of |
| contrac | et period of ter | nure. I shall abide by the te | erms and co | onditions as 1 | prescribed. | | |
| | _ | • | | | | | |
| Place: | | | | | | | |
| Date: Signature of Candidate | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Candidate | | | | | | of Candidate | |
| | | | | | | | |
| | | | | CO | | | |
| S.No. | 1 | | CHECK LI ments | <u>S1</u> | | Atta | ahad (Tiala) |
| 5.No. | 10 th Mark S | heet/ Certificate | ments | | | Attac | ched (Tick) |
| 2. | | heet/ Certificate | | | | | |
| 3. | M.B.B.S Mark Sheets (01st to Final Professional) | | | | | | |
| 4. | MS/MD Marks Sheets/ Certificate | | | | | | |
| 5. | DNB Marks Sheets/ Certificate | | | | | | |
| 6. | DM/MCh Marks Sheets/ Certificate (If available) | | | | | | |
| 7. | Internship completion certificate | | | | | | |
| 8. | DMC Registration | | | | | | |
| 9. | Copy of the Photo Identity Card issued by GOI or Any Govt. Institute | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | ertificate (If applicable) | | | | | |
| All doc | cuments to be | submitted must be self-att | ested. | | | | |
| | | | | | | | |
| Name: | | | | | ~. | | |
| | | | | | Signatur | ٠۵٠ | |

UNDERTAKING BY THE CANDIDATE

I hereby undertake:

- 1. That information provided by me in the application form in correct and I shall be responsible for the same.
- 2. That I have not done any JR/SR ship in any Govt. Hospital before joining the institute. OR

That I have done JR/SR ship as under:

| S.No. | Institute | From | To |
|-------|-----------|------|----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

3. That, I shall be liable for any consequences of any incorrect information supplied by me including termination of Contract and any other action deemed fit in this regard.

| (Signature) | |
|--------------------------|------------------------------|
| Name: | |
| Date://2024 | |
| This is verified that Dr | signed the undertaking in my |

Administrative Officer