



DELHI STATE CANCER INSTITUTES

- centres par excellence in the service of humanity
(A group of autonomous institutions under the Govt. of NCT of Delhi)

EAST: DILSHAD GARDEN, DELHI 110095
EPABX: +91-11-2213 5200, 2213 5700 FAX: +91-11-2211 0505
WEST: C-2/B, JANAK PURI, NEW DELHI 110058
EPABX: +91-11-2550 1111, 2554 1111 FAX: +91-11-2554 9999
Website: www.dsci.nic.in E-mail: director.dsci@nic.in



एन सी ई सी के अंतर्गत
फंडाईंग कैंसर टोकेटर्स

WALK-IN-INTERVIEW FOR :

S NO	SPECIALITY	POSTS**	LAST DATE OF APPLICATION
1.	JUNIOR RESIDENTS	45	11/08/2020 TILL 11:59 PM

APPLICATION INVITED for adhoc appointment for 44 days (extendable) for Junior Residents as per details given below. Additional candidates if qualified, may be kept on panel for future requirements. Desirous candidates, possessing requisite qualifications may submit their application through email at recruitment.ir2020@gmail.com till 11th AUG 2020, 11:59 PM along with the application form (as available online), their resume, coloured passport size photograph and copies of relevant certificates (Original Certificates should also be brought at the time of joining).

DETAIL OF POSTS

SL NO	SPECIALITY	PAY SCALE (IN ₹)	ESSENTIAL QUALIFICATIONS**	DESIRABLE
1.	JUNIOR RESIDENTS	As per pay Matrix Level – 10 i.e. 56,100/- + allowances	(i) Recognised MBBS qualification (first preference shall be given those whose have passed MBBS during or after 2016). (ii) Those who have already completed one year of JRship in any Govt Institution may be considered if fresh candidates are not available. (iii) Registration with Delhi Medical Council.	

1. There will be 'No Interview'.
 2. Selection will be done on the basis of percentage of aggregate marks obtained in part I & part II of final prof MBBS for graduates from medical college in India & marks secured in FMGE for foreign medical graduates.
 3. In case of a tie, the candidates older in age shall rank higher.
 4. If there is still a tie candidates who have applies first shall rank higher in merit list.
- ** No. of Posts may vary

- Candidates belonging to SC/ST/OBC category (recognised by GNCT of Delhi only) must submit the documents for consideration.
- Age and Experience etc can be relaxed at the discretion of the Selection Board/Governing Council of DSCI for the candidates otherwise will qualified and well conversant with their field or for those belonging to reserved category as per Govt Rules.
- No. of posts may vary.

DIRECTOR, DSCI

RECRUITMENT RULES

1. JUNIOR RESIDENTS

- a). Pay Scale: As per Pay Matrix Level 10 i.e. 56,100/- + allowances
- b). Upper Age Limit: 35 years;
- c). Qualifications:
 - i. Recognised MBBS qualification (first preference shall be given those whose have passed MBBS during or after 2016).
 - ii. Those who have already completed one year of JRship in any Govt Institution may be considered if fresh candidates re not available
 - iii. Registration with Delhi Medical Council

Documents required at the time of joining:-

1.	Passport size photographs	2.	X th pass Certificate (age proof)	3.	All MBBS Mark sheets
4.	Attempt Certificate.	5.	Internship Completion certificate	6.	MBBS Degree
7.	Caste Certificate, if any	8.	Experience certificate, if any	9.	Identify proof viz, Aadhar Card, Voter ID card, Driving License, passport etc.



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Website: www.dsci.nic.in E-mail: director.dsci@nic.in

NIN NO: DSCI EAST 1112313380 DSCI WEST 1115545855



FORMAT OF THE APPLICATION FORM

Affix recent
passport
size
Photograph
here

1. Post Applied For : _____
2. Name of the Applicant (Dr/Mr/Miss/Mrs) in Block letters : _____

3. Date of Birth : _____
4. Father's/Husband's Name : _____
5. Address (with Pin Code) : _____
_____ **Pin Code** _____
6. Contact Number (with STD Code) : _____
7. E-mail Address : _____
8. Category to which belong (SC/ST/OBC) (ATTACH PHOTOCOPY OF CERTIFICATE) : _____
9. Academic/Technical/Professional Qualifications (matriculation onwards- attach photocopies of certificates)

S. No.	Name of Exam	Year of Passing	University/ Board	Div./ Class/ Grade	Subject	(%) of Marks

10. Experience (attach photocopies of certificates in support of experience) :

S. No.	Name of Employer/Org.	Period		Designation	Pay Scale/Pay	Nature of Duties	Reason for leaving
		From	To				

11. Any other Information : _____
12. Registration No (DMC/Others, as applicable) : No. _____ Valid upto _____

I, hereby, declare that the information given in application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature/appointment shall be liable to be rejected.

Date:

Place:

(Signature of Candidate)



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DETAILS FOR ASSESSING THE APPLICATION FOR THE POST OF JR

Name of the Candidate	Father's/ Husband's Name	Aggregate marks in Part-I and Part-II of Final Prof MBBS/ FMGE		Date of Birth	Duration of experience of Jr Residency in a Govt hospital.		
		Marks obtained	Maximum Marks		YY	MM	DD

I, hereby, declare that the information given in application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature/appointment shall be liable to be rejected.

Date:

Place:

(Signature of Candidate)