PF. No.5-7/2020-Admn-VMMC GOVERNMENT OF INDIA OFFICE OF THE MEDICAL SUPERINTENDENT V.M.M.C. & SAFDARJUNG HOSPITAL NEW DELHI-110029

दिनांक/Dated:-06 /08 /2020

CIRCULAR

Safdarjung Hospital & VMMC New Delhi invites the applications for the post of Assistant Professor (Teaching sub-cadre of CHS) in the various departments of this institution on contract basis through Walk-in-Interview for a period of one year and may be extended up to two years. The prescribed format for applying along with the detail of posts, eligibility criteria, date

of interview and other terms & conditions are given in Annexure 'A', 'B'& 'C':

| - | Name of the post | | | | | | | Date of |
|--------|-------------------------|------------------------|----|-----|------|-----|------|--|
| SI. No | Asstt. Professor | No. of the posts | UR | SC | ST | OBC | EWS | Interview |
| 1. | Anaesthesia | 7 | 5 | 1 | 0 | | () | 26.08.2020 |
| 2. | Anatomy | 2 | 1 | 0 | () | 0 | 1 | 27.08.2020 |
| 3. | Biochemistry | 1 | () | () | () | 0 | 1 | 27.08.2020 |
| 4. | Burns & Plastic | 2 | 1 | () | () | 1 | () | 27.08.2020 |
| 5. | Cancer Surgery | 2 | 0 | 1 | I | () | () | 28.08.2020 |
| 6. | Cardiology | 3 | 2 | 0 | () | 1 | 0 | 28.08.2020 |
| 7. | Clinical Hacmatology | 6 | 3 | 1 | 0 | 1 | 1 | 31.08.2020 |
| 8. | Community Medicine | Person | () | 0 | 0 | 1 | () | 31.08.2020 |
| 9. | CTVS | | 1 | 0 | 0 | 0 | () | 31.08.2020 |
| 1(). | Endocrinology | 2 | 1 | 0 | 0 | 1 | () | 01.09.2020 |
| 11. | Forensic Medicine | 2 | 1 | () | 0 | I | () | 01.09.2020 |
| 12. | Gastroenterology | 2 | 0 | 1 | () | 0 | 1 | 01.09.2020 |
| 13. | Medical Oncology | 1 | () | 0 | , () | 1 | () | 02.09.2020 |
| 14. | | 2 | 1 | 0 | () | l | 0 | 02.09.2020 |
| 15. | Microbiology | 3 | 2 | 1 | 0 | () | () | 03.09,2020 |
| 16. | Nephrology | 5 | 2 | 0 | 1 | T | 1 | 03.09,2020 |
| 17. | Neurosurgery | 6 | 3 | 1 | 1 | 11 | 0 | 03.09.2020 |
| 18. | Neurology | 10 | 4 | 2 | 1 | 2 | Ti - | 04.09.2020 |
| 19. | Nuclear Medicine | 4 | IT | 1 | () | 1 | I | 04.09.2020 |
| 20. | Obst. & Gynae | 2 | I | 0 | 0 | T . | 0 | 07.09.2020 |
| 21. | Orthopaedics (CIO) | 3 | ī |] | 0 | 1 | 0 | 07.09.2020 |
| 22. | PMR | 1 | 0 | 0 | 1 | 0 | 0 | 07.09.2020 |
| 23. | Pharmacology | 1 | 1 | 0 | 0 | 0 | 0 | 08.09.2020 |
| 24. | Pulmonary Medicine | 3 | 1 | 1 | () | i | 0 | 08.09.2020 |
| 25. | Physiology | 2 | 0 | 1 | 0 | i | 0 | 08.09.2020 |
| 26. | Radio-diagnosis | 5 | 2 | 1 | 0 | 2 | 0 | 09.09.2020 |
| 27. | Radio-therapy | 2 | 1 | 0 | 0 | 0 | Ť | 09.09.2020 |
| 28. | Surgery | 4 | 2 | 1 . | () | 1 | 0 | 10.09.2020 |
| 29. | Urology | 3 | 2 | 0 | () | I | 0 | 10.09.2020 |
| | Total | 88 | 39 | 14 | 5 | 22 | 8 | The state of the s |

The above mentioned posts may likely to increase/decrease.

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Contd....2/-

Qualifications and term and conditions

Essential Educational qualifications:

- (i) 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 qualifications 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 (102 of 1956).
- (ii) Post-graduate degree in the concerned Specialty or Super-specialty mentioned in Section-A of Schedule VI.
- (iii) At least three years' teaching experience as Senior Resident or Tutor or Demonstrator or Registrar in the concerned Specialty or Super-specialty in a recognized teaching institution after obtaining the first Post-graduate degree.
- (iv) The candidate must possess the requisite qualification as on or before date of Walk-in-interview

NOTE:

- In the case of holders of Doctorate of Medicine (D.M.) or Magister Chirurgiae (M.Ch.) qualification of five years' duration, the period of senior Post Graduate residency rendered in the last part of the said of Doctorate of Medicine(D.M.) or Magister Chirurgiae (M.Ch.) shall be counted towards requirement of teaching experience.
- 2. For recruitment to the post of Assistant Professor in the specialty of Clinical Hematology Doctorate of Medicine(Clinical Hematology): or Diplomat National Board(Clinical Hematology): or
 - Doctor of Medicine(Medicine) or Doctor of Medicine(Pediatrics) or Doctor of Medicine (Pathology) or Diplomat National Board (Medicine/Pediatrics/Pathology) with at least two years' special training in Clinical Hematology and remaining one year in the Department of Medicine/Pediatrics/Pathology.
- 3. For the post of Endocrinology, teaching experience as Senior Resident or Registrar or Demonstrator in the Department of Endocrinology after MD(Medicine)/MD (Pediatrics) shall be considered as special training in Endocrinology and remaining one year in the Department of Medicine or Pediatrics to become eligible for the post.
- 4. 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.

Candidates should report in the Room No. 16, Ground Floor of VMMC Building & SJH, New Delhi at 09.30 A.M. positively on the date of interview along with original and photocopies of relevant documents duly attested and application along with Bio-Data in prescribed Format super scribing the name of the post applied for, and two passport size photographs.

The competent Authority reserves the right for any amendment, cancellation and change in this advertisement in whole or part thereof without assigning any reason.

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Contd. on 3/-

The terms and conditions for appointment of contract basis: -

- 1. Remuneration: lst year Rs. 95,000/- p.m.(consolidated), IInd year Rs. 1,05,000/- p.m.(consolidated). The contractual appointee will not be entitled to any allowances, financial benefits or concessions as admissible to Govt. employees. Income Tax will be deducted at source on monthly basis.
- 2. Age of Candidates should not be more than 40 years of age on the date of interview. Relaxation as per rules of Central Govt.
- 3. The contractual employment will be for a period of one year only or till regular incumbents join the hospital whichever is earlier. The services of the appointee is also terminable before expiry of the contractual period by either side after giving 30 days' notice or salary in lieu thereof. The selection is purely contractual in nature and does not confer any right for regularization or permanent absorption.
- 4. Leave: The leave entitlement of the appointee shall be governed as per DOPT O.M. No.12016/3/84-Estt.(L) dated 12th April, 1985 and O.M.No.12016/1/96-Estt.(L) dated 5th July, 1990.
- 5. No TA/DA is admissible for the interview. Canvassing of any kind will lead to disqualification.
- 6. The appointee shall perform the duties assigned to him. The competent authority reserves the right to assign any duty as and when required. No extra/additional allowance will be admissible in case of such assignment.
- 7. The appointee shall not be entitled to any benefit like Provident Fund, Pension, Gratuity, Medical Attendance Treatment, Seniority, Promotion etc. or any other benefits available to the Government servants appointed on regular basis.
- 8. The appointee will not be granted any claim or right for regular appointment to any post under Central Health Service.
- 9. The appointee shall be on the whole time appointment of the Institution and shall not accept any other appointment, paid or otherwise and shall not engage himself/herself in private practice of any kind during the period of contract.
- 10. The appointment to the said post will be subject to physical fitness from the competent medical board for which he/she will be sent to the designated Medical Authority by the concerned Institution before joining the post.
- 11. Other conditions of service will be governed by relevant rules and orders issued from time to time.
- 12. NOC from present employer, if currently employed.
- 13. If any declaration given or information furnished by him proves to be false or if he/she is found to have willfully suppressed any material information, he/she will be liable for removal from service and also such other action as the Government may deem necessary.
- 14. OBC candidates are requested to produce latest OBC certificate in Govt. of India format prescribed by DOPT order, issued by competent authority and older not later than six months on or after issued by 01.04.2020 or later.
- 15. The SC/ST certificate to be produced at the time of interview, issued by the competent authority.
- 16. EWS Candidates is requested to submit Income & Asset certificate dated earlier than 1st "April" 2020.
- 17. Reservation of PWD candidates is as per DoPT Guidelines (Annexure "C"). Certificate regarding PWD is to be produced at the time of interview

(Dr. Balvinder Singh) Medical Superintendent VMMC &Safdarjung Hospital, New Delhi.

PROFORMA

| 1. | Post applied for | | | | |
|-------|---------------------------|------------|-----------------|--|------------|
| 2. | Full Name (IN BLOCK I | LETTERS) | | | Attested |
| 3. | Father/Husband's Name | | 9 | | Photograph |
| 4. | Date of Birth | | -5 | | |
| 5. | Address (in full) | | | | |
| | (i) Correspondence | | 9 | | |
| | (ii) Permanent | | i. | | |
| 6. | Phone No. & E mail addr | ress | : | | |
| 7. | Whether SC/ST/OBC/EV | | | | |
| 8. | Details of Examinations I | Passed | ; | | |
| S.No. | Examination | University | Year of passing | Name/Address of Institution attended | % of Marks |
| 1. | Matriculation | | , | - The state of the | |

9. Professional Registration No.:

- 10. Experience:
- (a) Name of the employer,

MBBS

MD/MS

- (b) Designation of post.
- (c) pay scale,

2.

3.

- (d) Nature of duties,
- (e) Period of employment.
- (f) Last pay drawn,
- (g) Reason for leaving.

11. Any additional information.

I solemnly declare that the statement made by me in this application form is correct to the best of my knowledge & belief and in the event of any information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and legal action may be initiated against me.

I fulfill all conditions of eligibility regarding age limit, educational qualification etc. for this post.

d: Signature of the candidate

Dated: Place:

Annexure 'C'

Reservation of Persons with Disabilities (PwD) in the Specialist Sub-cadres of Central Helath Service

| S.No. | Name of the sub-category | Allowed in appointment of Specialist sub-cadres of CHS |
|-------|---|--|
| a) | Blindness and Low Vision | Yes |
| b) | Deaf and Hard of Hearing | Yes |
| c) | Locomotor Disability including: Cerebral Palsy, Leprosy Cured, Dwarfism, Acid Attack Victims Muscular Dystrophy | Yes |
| d) | Autism, Intellectual, Specific Learning Disability, Mental Illness | No |
| e) | Multiple disabilities from amongst persons under clauses (a) to (c) including deafblindness | Yes |

(Dr. Balvinder Singh)
Medical Superintendent
VMMC &Safdarjung Hospital,
New Delhi.

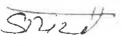
FORM-1

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSON WITH DISABILITY

| Mame | | | | | | | | |
|--|---|--|--|--|--|--|--|---|
| Name :(Surname) Father's /Husband's Name: | | | activity to the control of the contr | (First Name) (Middle I | | | Name) | |
| Date o | Pather's /Husband's Name:Mother's Name; | | | | | | | |
| . Age at | the time | of application | 1,5 | Ye | ars | | | |
| Sex: _ | | Mai | e/Fema | le | u1 5 | | | |
| | | ddress: | | | | | | |
| Addn | ess: | | | | | | | |
| City: | | | | | TV | illage & P.O | | |
| Distri | | | | | | | | |
| | | ess (i.e. for con | munica | tions | 3 | tate: | | |
| | | | *************************************** | 1011 | | | 10000 | |
| Addre | ess: | | | | | | | |
| City: | | | | | V | illage & P.O | | |
| | District: | | | | | ate: | | |
| (c)Pe | eriod since | e when residing | at curre | ent addre | ess: | | | |
| Contac | t Number | : (1) Mobile No. | | | | | | |
| Educat | tional Stat | us (Please tick | as Appli | cable): | | (II) Land Line | Number: | |
| S.No | Educ | ation | - | | S.No | Education | | |
| 1 | Post Gr | aduate | | | 5 | High School | | |
| 2 | Gradua | | | | 6 | Middle | | |
| 3 | Diploma | | | | 7 | Primary | | |
| 4 | Higher 5 | Secondary | | | 8 | Illiterate | | |
| Оссира | ation: | | | | | | | |
| . Identif | ication Ma | arks : (i) ity (Please tick | as appli | cable): | | _(ii) | | |
| S.No | 1 | e of disability | IV | | 3.No | Nature of | disability | |
| 1 | | tor | | | Traction of disability | | | |
| | Locomo | eCH | | | 5 | Low vision | | |
| 2 | Blindnes | 5 | | | | Low vision | | |
| 3 | Blindnes Hearing | s Impairment | | _ | 5 6 7 | Mental illnes: | | |
| 2 3 4 Period | Blindnes Hearing Leprosy | s Impairment Cured | m Birth/ | Since ye | 6 7 | Mental ilines Mental Retan | | |
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Signature & Stamp of issuing authority

9A7E NO-2



ं फार्म-1 •

अपंगता वाले व्यक्तियों द्वारा अपंगता प्रमाण-पत्र प्राप्त करने के लिए आवेदन पत्र (नियम 3 देखें)

| 1. नाम | |
|--|---|
| (उपनाम) (पहला नाम) | (मध्य नाम) |
| 2. पिता/पति का नाम माता | का नाम |
| 3. जन्म तिथि// | 4. आवदेन के समय आयु वर्ष |
| (दिनांक) (महिना) (वर्ष) | , |
| 5. लिंगपुरुष/स्त्री | |
| 6. पता (क) स्थाई प ता (ख)वर्त | मान पता (पत्राकार के लिए) |
| | \$P2201048241441414 |
| | *************************************** |
| *************************************** | PRESENTATION AND SETTIMENTS (1.00) |
| (ग) वर्तमान पते पर कब से एह रहे है। उसकी अवधि | |
| 7. संपर्क हेतु मोबाईल नम्बर ले | डलाईन नंबर |
| 8. शिक्षा स्थिति (जो लागू हो उस पर सही का निशान लग | (जा |
| (क)स्नातकोत्तर | |
| (ख) स्नातक | |
| (ग) डिप्लोमा | |
| (घ) हायर सैकेंड्री | |
| (ड,)हायर स्कूल | |
| (७,)हायर स्कूल | ***** |
| (घ) मिडल | |
| (छ) प्राईमरी | |
| (ज) अनपद | **** |
| ९. व्यवसायः | |
| 10. पहचान चिन्ह (1)(2) | हर कारण व्यक्तियोग्य /श्रमण /वृष्टित /भानस्थित /अन्य |
| 11.अपर्गता का प्रकारः (जो लागू हो उस पर सही का निशा | नार्व के |
| 12. अपंग कब से हैं (क) जन्म से / (ख) | 441 41 |
| 13. 1. क्या पहले कभी आपने अपंगता प्रमाण पत्र जारी कर | न के लिए अविदन किया है! |
| 2. यदि हाँ, तो विवरण दें। | |
| (क) प्राधिकरण व जिला जहाँ आवेदन किया है | |
| (ख) आवेदन का परिणाम 1. क्या आवेदन खारिज कर दि | या गया ? 2. क्या प्रमाण-पत्र जारी किया गया ? |
| 14. क्या पहले कभी आपको प्रमाण पत्र जारी किया गया है | ? हाँ तो कृपया यास्तविक प्रतिलिपि सलग्न करे। |
| 15. उद्देश्यः | \$7344444451516\$79000000000000000000000000000000000000 |
| कोबागाः में गत्रहराजा कोबाग करता /करती है कि मेरे विश्व | ास और जान अनुसार उपर्यक्त कथित विवरण सही है और मैने इसमें कोई भी |
| तथ्य या सचना मही छमाई है और न ही गलत विवरण दिय | में है। आगे भी में रयस्ट करता/करता हूं कि याद आवदन पत्र में कुछ गलत |
| पाया जाता है तो मैं नियमानुसार किसी भी प्रकार के लाभ | प्राप्त न करने एवं अन्य कारवाई के लिए उत्तरदायी रहूँगी/रहुँगा। |
| war and a second a second and a second a second and a second a second and a second a second and a second and a second a second a second a second and a second and a second a second a second a second a second a seco | |
| | |
| <u>~</u> : | |
| दिनांकः | (अपंग ध्यक्ति के हस्ताक्षर या अंगुठे के निशान या |
| स्थान | रोगीके मानसिक विकृति सेरेबल पाल्सी या बहुत |
| सलग्नक | अपंगता के मामले में वैद्य संरक्षक के हस्ताक्षर) |
| *************************************** | अपनाता के नानरा न यह संस्थाक के हरसाबार) |
| 1. निवास स्थान का साक्ष्य (कृपया जो लागू हो | उस पर निशान लगाए) |
| (क) राशन कार्ड | · |
| (ख) वोटर आई कार्ड | |
| (ग) ड्राईविंग लाइसेंस | |
| (घ) बैंक पाबुक | |
| (इ.) पैन कार्ड | |
| (च) पासपोर्ट | |
| (छ) आधार कार्ड | |
| (न) देनीकोन विहास जन पर्यं अस्य प्रयोजा बिल | जिसमें आवेदन के पते को दर्शाया गया हो। |
| (झ) पंचायत, म्यून्सिपिलिटी, केंटोनमेंट बोर्ड, अन्य | राणिक अधिकारी या संबंधित पटवारी या |
| सरकारी रकुल के प्रधान पास्टर द्वारा जारी किया | गमा जिवास का प्रमाण-पंत्र। |
| (ण) अपंग निस्सहाय मानसिक रून से बीमार आवि | के किए निवास संस्थान का एक सहवासी होने |
| ्या जनन निस्तराहाय नानात्रक रून स बानार आए | यान का एक प्रमाण-पत्ररे |
| व भागन म एस संस्थान क प्रधान स निवास संस्थ तीन पासपार्ट साईज फोटोग्राफ | |
| | (कार्यालय प्रयोग के लिए) |
| [64]40 | · 《中秋里清明·日本中华的《北京》(· · · · · · · · · · · · · · · · · · · |
| रथान | जारीकर्ता प्राधिकरण के हस्ताक्षर व मोहर |
| | |

Annexure-I Government of (Name & Address of the authority issuing the certificate) INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER **SECTIONS** Certificate No. Date: VALID FOR THE YEAR This is to certify that Shri/Smt./Kumari _____son/daughter/wife of lakh (Rupees Eight Lakh only) for the financial year _____ His/her family does not own or possess any of the following assets***: 5 acres of agricultural land and above; 1. Residential flat of 1000 sq. ft. and above; Residential plot of 100 sq. yards and above in notified municipalities; 111. Residential plot of 200 sq. yards and above in areas other than the notified municipalities. IV. belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List) Signature with seal of Office_ Name_ Designation Recent Passport attested photograph of the applicant

*Note1: Income covered all sources Le. salary, agriculture, business, profession, etc.

"Note 2; The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and stillings below the age of 18 years as also his/her apouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the tend or property holding test to determine EWS status.

G. Lievary

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR

APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER

THE GOVERNMENT OF INDIA

| "This certificate MUST have been This is to certify that Shri/Smt /Kum | en issued on or after 1ª April 2019." |
|--|---|
| This is to certify that Shri/Smt./Kum of Village/To | own |
| DISTRICT/DIVISION | |
| in the | State belongs to the |
| Community which is recognized as a backward class un | der: |
| (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 Section I No.186 dated 13/09/93. | · |
| (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 publ No. 163 dated 20/10/94. | |
| (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 pub I No. 88 dated 25/05/95. | lished in the Gazette of India Extraordinary Part I Section |
| (iv) Resolution No. 12011/96/94-BCC dated 9/03/96. | |
| (v) Resolution No. 12011/44/96-BCC dated 6/12/96 publ I No. 210 dated 11/12/96. | ished in the Gazette of India Extraordinary Part I Section |
| (vi) Resolution No. 12011/13/97-BCC dated 03/12/97. | |
| (vii) Resolution No. 12011/99/94-BCC dated 11/12/97. | |
| (viii) Resolution No. 12011/68/98-BCC dated 27/10/99. | Police I to the Co. H. T. P. E |
| (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 pub. I No. 270 dated 06/12/99. | |
| (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 p | published in the Gazette of India Extraordinary Part I |
| Section I No. 71 dated 04/04/2000. | |
| (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 Section I No. 210 dated 21/09/2000. | published in the Gazette of India Extraordinary Part I |
| (xii) Resolution No. 12015/9/2000-BCC dated 06/09/200 | 1 |
| (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/200 | |
| (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/200 | |
| (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 | |
| Section I No. | patient and Cazotte of mala Extraordinary Fart |
| 210 dated 16/01/2006. | |
| Shri/Smt./Kum and/or his | |
| District/Division of State. Toersons/sections (Creamy Layer) mentioned in Column 3 | his is also to certify that he/she does not belong to the |
| persons/sections (Creamy Layer) mentioned in Column 3 | of the Schedule to the Government of India, |
| Department of Personnel & Training O.M. No. 36012/22/ | 93-Estt.(SCT) dated 08/09/93 which is modified vide OM |
| No. 36033/3/2004 Estt.(Res.) dated 09/03/2004. | |
| Dated: | |
| District Magistrate/ | |
| Deputy Commissioner, etc. Seal | |
| NOTE: | |
| a) The term 'Ordinarily' used here will have the same meaning | as in Section 20 of the Representation of the People Act, |
| b) The authorities competent to issue Caste Certificates are inc | licated below: |
| i) District Magistrate / Additional Magistrate / Collector / Deputy | Commissioner / Additional Deputy Commissioner / Deputy |
| Collector / Ist Class Stipendiary Magistrate / Sub-Divisional mag Assistant Commissioner (not below the rank of Ist Class Stipend | gistrate / Taluka Magistrate / Executive Magistrate / Extra diary Magistrate). |
| ii) Chief Presidency Magistrate / Additional Chief Presidency Ma iii) Revenue Officer not below the rank of Tehsildar and | agistrate / Presidency Magistrate. |

(iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.