

## NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES INSTITUTE OF NATIONAL IMPORTANCE **BENGALURU – 560 029**

NO.NIMH/ACA-A/PMD/SR/PSY/2018-19

Date: 13.06.2018

## NOTIFICATION

## WALK IN INTERVIEW

for the Post of: POST MD/DNB(PSYCHIATRY) SENIOR RESIDENT IN THE DEPARTMENT OF PSYCHIATRY.

| No. of posts                   | FOUR   |  |  |
|--------------------------------|--|--|--|
| Name of the Post               | Post MD/DNB (Psychiatry) Senior Resident<br>in the Department of Psychiatry  |  |  |
| Educational Qualification      | MD (Psychiatry) / DNB (Psychiatry) from MCI<br>Recognized Institution/Medical College  |  |  |
| Experience                     | Not Applicable   |  |  |
| Upper Age limit                | 35 years as on 25.06.2018  |  |  |
| Pay Band<br>Grade Pay          | Rs.15600-39100<br>Rs. 6,600/-  |  |  |
| Initial Pay in the<br>Pay Band | Rs. 18,750/- + Grade Pay Rs.6,600/- plus<br>allowances   |  |  |
| Duration of Post               | The tenure for the posts of Senior Residents shall<br>be as per Residency Scheme laid down by the<br>Ministry of Health & Family Welfare, Government of<br>India. The total duration cannot be beyond tenure<br>as per Residency Scheme (Adhoc-Regular), in any<br>circumstances, including the duration of residency<br>already rendered by the applicant in any hospital of<br>govt./ public sector undertaking / autonomous<br>bodies funded by the govt. prior to this<br>appointment, if any. |  |  |

Interested candidates may attend Walk in Interview with their Resume along with the following original documents on 25.06.2018 at 9:30 A.M in the Committee Room, Adjacent to Director's Secretariat, NIMHANS, Bengaluru – 560 029.

- 1. Curriculum Vitae with 1 recent passport size photograph affixed (Email ID and Mobile No. for communication) with a photocopy of documents.
- 2. Proof of Age (Matriculation Certificate)
- Proof of Age (Matriculation Certificate)
  Caste Certificate
  MBBS Degree Certificate / Marks Cards
  Internship Completion Certificate
  Attempt Certificate
  Attempt Certificate
  Any other qualification/testimonials

- 9. Experience Certificate (if any)

Note: - Application fees of Rs.1500/- for general & OBC candidates and Rs.1000/- fees for SC/ST/PWD candidates has to be paid by using debit/credit card at the time of Interview. Application fee once paid will not be refunded under any circumstances.

> Sd/-DIRECTOR

## APPLICATION FOR THE POST OF SENIOR/JUNIOR RESIDENT

5. Permanent Address: \_\_\_\_\_

6. Mobile No. / Local Tel No. :\_\_\_\_\_

7. Date of Birth (Proof to be enclosed):

8. Educational Qualification: (Attested Copies of the certificates to be enclosed):

| SI.No:-    | Exam | Year of Passing | Board/University | % of<br>marks | No. of<br>Attempts |
|------------|------|-----------------|------------------|---------------|--------------------|
| <i>s</i> . |      |                 |                  | -             |                    |
|            |      |                 |                  |               |                    |
|            |      |                 |                  |               |                    |
|            |      |                 | ē.               |               |                    |

9. Whether belongs to SC/ST/OBC (copy of certificates to be Enclosed):\_\_\_\_\_

10. Registration No:

11. Whether worked as Senior/Junior Resident on adhoc/regular basis:

| Name of the<br>Institution | Worked<br>as | Period of appointment |    | Speciality in<br>which worked |
|----------------------------|--------------|-----------------------|----|-------------------------------|
|                            |              | From                  | То |                               |
|                            |              |                       |    |                               |
|                            |              |                       |    |                               |
|                            |              |                       |    |                               |

Paste your latest passport size photograph duly self attested 12. Date of Passing of M.D/M.S/M.B.B.S\_

13. Date of completion of internship only for Junior Residents (attach Photocopy):-

14. Email ID:-

15. Details of the Demand Draft:-

| Demand Draft No. | Date Of Issue | Name of the issuing<br>Bank | Amount |
|------------------|---------------|-----------------------------|--------|
|                  |               | -                           |        |

(Note:-Candidate must write his/her Name & Specialty applied for on the reverse side of the demand draft.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. I have / haven't done my Senior Residency earlier, as mentioned above in col. 11.

Date\_\_\_\_\_

Place\_\_\_\_\_

Details of Enclosures:

Name & Signature of the Candidate