



Lady Hardinge Medical College

100 Glorious Years of Excellence
1916 - 2016



F. NO. 7/SR/Appointment/2020/
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

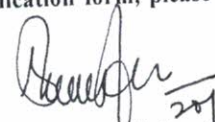
WALK-IN-ASSESSMENT

Walk-in-Assessment will be held for the appointment of Senior Resident on regular basis in the following specialties on dates mentioned against each specialty: -

SL No	Name of the department	Number of vacant posts	Category Wise break up					Date of Registration & Written Exam	Date of Assessment
			SC	ST	OBC	UR	EWS		
1.	Accidental Emergency (casualty)	09	01	01	02	04	01	23.11.2020	25.11.2020
2.	Anesthesia	11	02	01	04	02	02	24.11.2020	26.11.2020
3.	Medicine	15	02	01	04	06	02	25.11.2020	27.11.2020
4.	Pediatrics Medicine*	42	05	04	11	17	05	26.11.2020	01.12.2020
5.	Surgery	12	01	0	02	07	02	27.11.2020	02.12.2020
6.	Obstetrics & Gynecology	20	03	02	04	08	03	01.12.2020	03.12.2020
7.	Orthopedics	07	0	01	02	04	0	02.12.2020	04.12.2020
8.	Radiodiagnoses	06	01	0	01	03	01	03.12.2020	07.12.2020
9.	Neurology	06	0	0	03	02	01	04.12.2020	08.12.2020
10.	ENT	05	01	0	01	03	0	07.12.2020	09.12.2020
11.	Dermatology	04	0	0	01	02	01	08.12.2020	10.12.2020
12.	TB & Chest Disease	03	0	0	01	01	01	09.12.2020	11.12.2020
13.	Ophthalmo-logy	02	0	0	01	01	0	10.12.2020	14.12.2020
14.	Psychiatry	03	0	0	01	02	0	11.12.2020	15.12.2020
15.	Pathology	07	0	01	02	03	01	14.12.2020	16.12.2020
16.	Biochemistry	04	0	0	02	01	01	15.12.2020	17.12.2020
17.	Biochemistry	04	0	0	01	03	0	16.12.2020	18.12.2020
18.	Microbiology	05	0	01	02	01	01	17.12.2020	21.12.2020
19.	Community Medicine	05	0	01	02	01	01	17.12.2020	21.12.2020
19.	Radiotherapy	02	0	0	02	0	0	18.12.2020	17.12.2020
20.	Forensic Medicine	03	01	0	01	0	01	16.12.2020	23.12.2020
20.	Forensic Medicine	03	01	0	01	0	01	16.12.2020	23.12.2020
21.	Anatomy	03	0	0	01	02	0	22.12.2020	24.12.2020
21.	Anatomy	03	0	0	01	02	0	23.12.2020	28.12.2020
22.	Pharmaco-logy	03	0	0	01	01	0	23.12.2020	28.12.2020
22.	Pharmaco-logy	03	0	0	01	01	0	24.12.2020	29.12.2020
23.	Physiology	02	0	0	01	0	0	24.12.2020	29.12.2020
23.	Physiology	02	0	0	01	0	0	25.12.2020	30.12.2020
24.	Dental	01	0	0	01	0	0	25.12.2020	30.12.2020
25.	Total	179	17	12	52	75	23		

* 04 posts (01ST, 01OBC, 02-UR) are for Pediatrics Nephrology (a unit of Pediatrics Department)

- i. The numbers of vacant posts indicated above are provisional and subject to the change without any notice.
- ii. 21 vacancies (including 06 carried forward reservation + 09 backlog vacancies + 06 current vacancies) are reserved for persons with Disability who suffer from not less than 40% of disabilities [OL, OA (nonsurgical)]. In case of non-availability of suitable person with disabilities the carried forward reservation against 06 vacancies & 09 Backlog vacancies shall be filled by a person other than a person with disabilities. Where in any recruitment year any vacancy earmarked for EWS category cannot be filled up due to non-availability of a suitable candidates belonging to EWS, such vacancies for that particular recruitment year shall not be carried forward to the next recruitment year as backlog.
- iii. For more details regarding eligibility criteria, other terms & conditions and application form, please visit our official website <http://lhmc-hosp.gov.in>.


 Deputy Director (Admn.) 20/10/2020

For SRs in all Dept. other than Accident & Emergency Deptt.

MBBS with PG degree /diploma 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). The candidate should have completed the tenure of PG Degree/Diploma on or before the date of registration.

For SRs in Accident & Emergency Dept.

MBBS with PG degree /diploma in Medicine/ Surgery /Forensic Medicine/ Orthopaedics/ENT/ Ophthalmology/ Anaesthesia/ Psychiatry/ Dermatology/ Radiology 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). The candidate should have completed the tenure of PG Degree/Diploma on or before the date of registration.

Eligibility for Dental & Oral Surgery:

The candidates should be Graduate with BDS degree, having three years MDS Degree in ORAL & Maxillofacial Surgery specialty, the degrees recognized/permitted by DCI, The candidate should have completed the tenure of PG Degree/Diploma.

2. **Pay Scale:** Pay Matrix Level number 11 (Rs.67,700/- to Rs. 2,08,700/-) as per 7th CPC + other allowances as admissible under the rules in Central Govt. of India.
3. **Age Limit:** Not exceeding **40 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. **Reservation:** All Reservations will be considered in the above posts strictly in accordance with prescribed norms/rules as prescribed by Govt. of India.

Note:

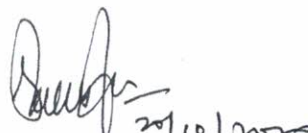
- i. SC/ST Candidates must bring community/caste certificate in the prescribed format of Govt. of India.
 - ii. Candidates seeking reservation as OBC candidates are required to submit certificate regarding OBC Status & Non Creamy Layer status as per the prescribed format issued by Govt. of India. **The OBC Certificate has been issued not earlier than one year from the date of Registration. The Sub-Caste should match with the entries in Central Govt. List of OBC, failing which their candidature will not be considered under any of the applied reserved category and will be treated as UR.**
 - iii. For persons with Disabilities the physical requirements are
 - A) Medical / Surgical Department :S-can perform work by sitting, ST-can perform work by standing, W-can perform work by walking, SE-can perform work by seeing, H-can perform work by hearing/speaking, RW-can perform work by reading and writing.
 - B) For Dental Department :S-can perform work by sitting, ST-can perform work by standing, SE-can perform work by seeing, RW-can perform work by reading and writing, C- can perform work by communication, BN- can perform work by bending, MF- can perform work by manipulating fingers.
 - C) Persons with disability to produce a Medical Certificate issued by a **Govt. Hospital/Institution at the time of scrutiny).**
 - iv. Reservation for Economically Weaker Sections (EWS's) shall be applicable as per Govt. of India Policy vide Office memorandum No. 36039/1/2019-Estt(Res) dated 19.01.2019 and 31.01.2019:
EWSs Candidates will attach certificate issued by the competent authority in the form prescribed as per annexure-The benefit of reservation under EWS can be availed upon production of an income and Assets Certificate issue by a Competent Authority in the prescribed format **annexure-II.**
5. **Mode of selection:** The selection will be made on the basis of consolidated marks obtained in both i.e. written examination and interview. Result of written examination will be displayed on the official website of this Institution (www.lhmc-hosp.gov.in) and eligible candidates /maximum of three times of vacant seats will be called for interview on the fixed date. It is informed that this institution will not make individual communication to any candidate. The final merit list will be prepared amongst the candidates who are called for interview on the basis of marks obtained by them in written examination and interview.



- i. Eligible candidates will present themselves for registration at 10.30 am to 11.30 am in Convocation Hall (near Director Office) on first day specified for written test of the particular specialty along with all relevant documents in original together with self-attested copies of all documents in support of their candidature for the post, two passport size photographs and complete Bio Data duly filled and a photo ID. Separate applications along fee are required to be submitted for each specialty. No application of candidate will be received after 11:30 A.M. A MCQ type written examination will be held on the date of registration at 02:00 P.M. on the stipulated day of the Assessment at Examination Hall (Academic Section).
- ii. Undertaking in application form must be signed by the candidate.
- iii. **Crucial date of determination of eligibility with reference to age, educational qualification and experience etc. will be the date of registration of the candidates.**
- iv. Candidates must be registered with Delhi Medical Council/Dental Council of India. DMC/DCI certificate for both MBBS and PG is mandatory with application. However, the candidates, who have applied for registration with DMC/DCI and have enclosed receipt of DMC/DDC, will be allowed to appear in written examination provisionally and they will be allowed to join, if selected, after production of certificate of registration with DMC/DDC.
- v. The tenure of Senior Resident is for the three years including any service rendered as Senior Resident earlier on ad-hoc/regular basis in any Institution. Under no circumstances, the total period of Senior Residency shall exceed three years; at the time of joining in LHMC initially the appointment letter will be issued for one year only. Further extension will be granted on the basis of satisfactory performance report from the HOD.
- vi. Other service conditions will be applicable as per prescribed by the Govt. of India from time to time.
- vii. The candidate who is already in Govt. Service should submit NO OBJECTION CERTIFICATE from the present employer at the time of registration.
- viii. Inter-hospital/ Inter-Institution transfer shall not be permitted.
- ix. Candidate must bring the following original certificates with photo copies of self-attested at the time of registration/counselling/interview:
- Certificate in support of age (10th Certificate)**
 - Experience certificate, if any.**
 - Registration certificates with Delhi Medical Council/receipt of registration.**
 - Mark Sheets of MBBS /BDS/MD/MS/DNB, MDS (all year).**
 - MD/MS/DNB/Diploma Pass & Experience Certificate**
 - Internship Completion Certificate.**
 - Undergraduate/Post graduate attempt certificate.**
 - Proof of prize/medal/Distinction during Under-Graduation and Post-Graduation.**
 - Proof of Publication.**
 - Proof of Presenting Paper in the conference.**
 - EWS certificate issued by the competent authority as per DOPT for GOI job.**
 - SC/ST/OBC Caste certificate in the prescribed format by Govt. of India.**
 - Caste/ community/disability certificate where applicable.**
 - Identity proof viz. Addhar Card, Voter Card, Driving licence, Passport etc.**
7. The candidate must bring the filled application form as per format given **annexure-I** and also paste recent passport size photograph.
8. No correspondence or personal inquiries shall be entertained.
9. The candidates are advised to ensure that they fulfil the eligibility criteria as mentioned in the advertisement.
10. Application fee:
- | | | |
|------------------------------|---|-----------|
| General, EWS & OBC Candidate | - | Rs. 500/- |
| SC/ST Candidate | - | Rs. 300/- |
| PWD Candidate | - | No fees. |
- Note. Application fee shall be paid through NTR Portal Bharatkosh.gov.in and the candidates should enclose the copy (2 copy) of the receipt along with their application. The detail regarding the same is mentioned in Annexure-III. The application fees will be nonrefundable. No personal cheque/DD are accepted.**
11. No Mobile Phone, any other Electronic Gadgets is allowed in the Examination Hall.
12. The Competent Authority reserves the right to verify veracity of the Certificates submitted. If found incorrect, the candidature will be cancelled without any further notice.

JURISDICTION OF ANY DISPUTE

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


Deputy Director (Admin.)

10
The Director, LHMC & Associated Hospital,
New Delhi-110001

Application form for the post of Senior Resident 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 MBBS :
22. Experience after PG :
23. 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		

24. Permanent DMC Registration No.: _____
25. CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES)

Permanent Registration Certificate-MBBS/BDS MD/MS/DNB	DMC &	Secondary School Certificate (10 th class)	Payment (transaction receipt)	MBBS Mark-Sheet	Internship Completion Certificate	MBBS Degree
MD/MS/DNB/Mark-sheet		MD/MS/DNB Degree	EWS/PWD/Caste Certificate, if applicable	Admit Card (duly filled)	Whether self-attested photocopies of all Certificate/Degree are enclosed with applicant	

26. 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

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

NEW DELHI-110001

Senior Resident (Admit Card)

(To be filled by the Candidate)

Name (In BLOCK LETTERS)	
NAME IN Hindi	
Date of Birth	
Category (General, OBC,SC,ST,EWS)	
Whether Divyang (PWD) (Write Yes /NO)	
Sex	
Father's/Husband's Name	
Post Applied For (Write SPECIALITY)	
Roll No (To be allotted & filled by this Institute)	

Signature within the above box

Chairman/Member of Scrutinize Committee

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

NEW DELHI-110001

Senior Resident (Admit Card)

(To be filled by the Candidate)

Name (In BLOCK LETTERS)	
NAME IN Hindi	
Date of Birth	
Category (General, OBC,SC,ST,EWS)	
Whether Divyang (PWD) (Write Yes /NO)	
Sex	
Father's/Husband's Name	
Post Applied For (Write SPECIALITY)	
Roll No (To be allotted & filled by this Institute)	

Signature within the above box

Chairman/Member of Scrutinize Committee

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 _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family**' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ 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 size
attested photograph of
the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

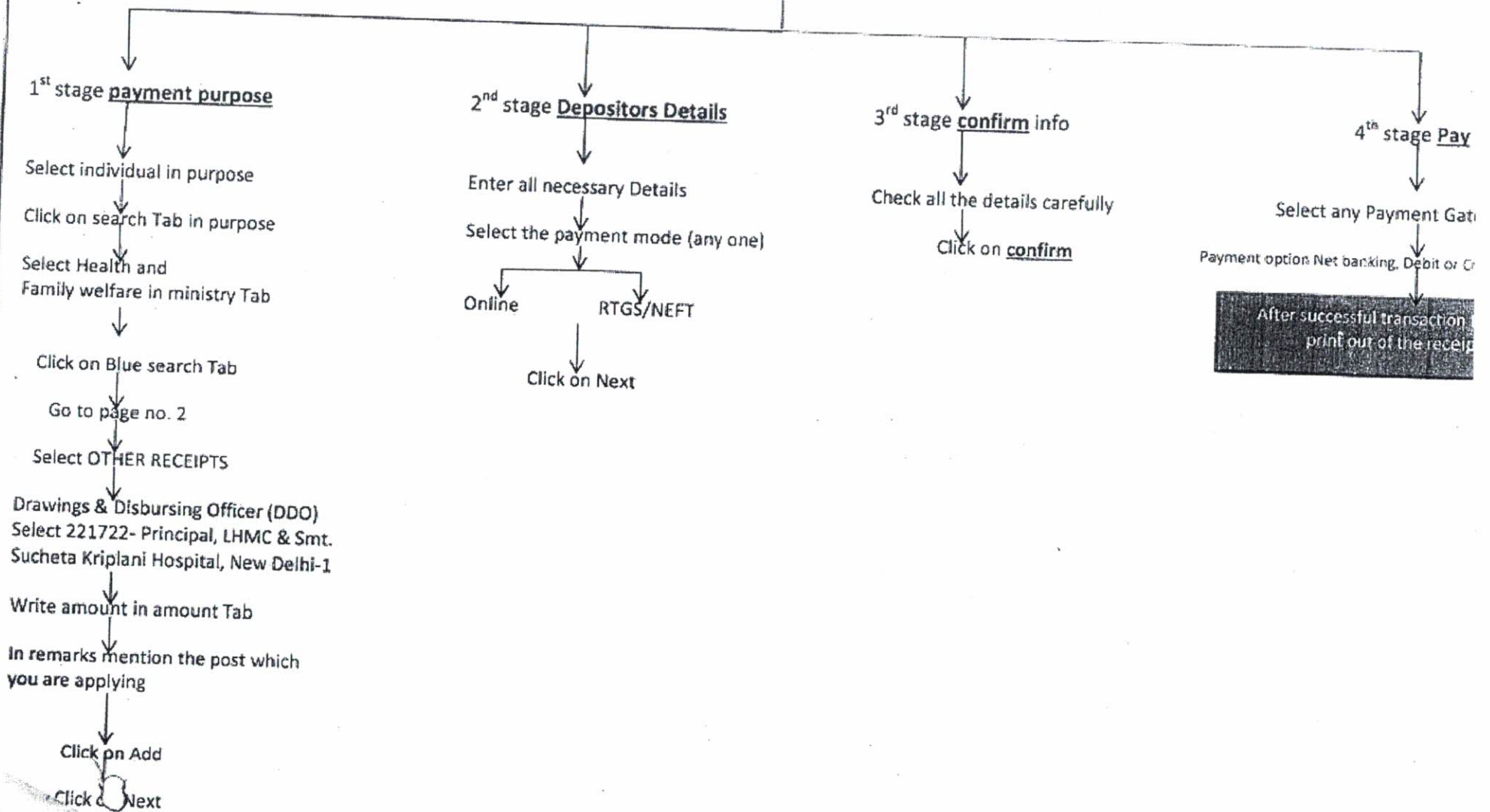
**Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

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

G. Sivasan

Annexure- III

Payment through Bharat Kosh



1st stage payment purpose

- ↓
- Select individual in purpose
- ↓
- Click on search Tab in purpose
- ↓
- Select Health and Family welfare in ministry Tab
- ↓
- Click on Blue search Tab
- ↓
- Go to page no. 2
- ↓
- Select OTHER RECEIPTS
- ↓
- Drawings & Disbursing Officer (DDO)
Select 221722- Principal, LHMC & Smt.
Sucheta Kriplani Hospital, New Delhi-1
- ↓
- Write amount in amount Tab
- ↓
- In remarks mention the post which
you are applying
- ↓
- Click on Add
- ↓
- Click on Next

2nd stage Depositors Details

- ↓
- Enter all necessary Details
- ↓
- Select the payment mode (any one)
- ↓
- Online RTGS/NEFT
- ↓
- Click on Next

3rd stage confirm info

- ↓
- Check all the details carefully
- ↓
- Click on confirm

4th stage Pay

- ↓
- Select any Payment Gate
- ↓
- Payment option Net banking, Debit or Cr
- ↓
- After successful transaction
print out of the receipt