#### NOTICE

# NORTHERN RAILWAY OFFICE OF THE MEDICAL DIRECTOR, NORTHERN RAILWAY CENTRAL HOSPITAL, BASANT LANE, NEW DELHI-110055

File No: E/Med/SR/74/2022

#### **ENGAGEMENT OF SENIOR RESIDENTS**

Advt .No. NRCH/SR/2022/01

Applications are invited from eligible candidates for engagement to the post of Senior Resident under Senior Residency Scheme at Northern Railway Central Hospital, New Delhi.

The applications should be filled in on an A4 Size Paper, in the prescribed format and complete with all the requisite enclosures.

The Date and Time of the Walk in Interview is specified against each Specialty. Any request for a change in dates will not be entertained.

Candidates should report with Application form duly filled in and signed along with self attested copies of all the requisite documents in Auditorium ,1<sup>st</sup> Floor , Academic Block, Northern Railway Central Hospital, New Delhi on the Date of Walk in Interview date at 8.30 A.M. They must carry with them all the Documents in ORIGINAL & produce the same for verification.

Selection will be through the process of Walk-in Interview basis. After verification of documents, only those candidates who are found eligible will be allowed to appear for the Interview. All documents have to be produced in ORIGINAL at the time of Interviews along with the self attested copies. .

The vacancy status & the dates for WALK IN INTERVIEW are as below.-

S.N.	Specialty	Category	Date & Time of Walk in Interview	PLACE & REPORTING TIME
1.	ANESTHESIA	EWS-01		AUDITORIUM ,CENTRAL HOSPITAL
		1113 31		8.30 A.M. to 11: 00 A.M
2.	ENT	EWS-01		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
3.	GENERAL MEDICINE	UR-04, OBC-04, ST-01		AUDITORIUM ,CENTRAL HOSPITAL
		, , , , , , , , , , , , , , , , , , , ,		8.30 A.M. to 11: 00 A.M
4.	GENERAL SURGERY	UR-03,OBC-1	03.02.2022	AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
5.	MICROBIOLOGY	UR-01		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
6.	OBS & GYNAE	UR-01		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
7.	ORTHOPEDICS	OBC-01,EWS-01		AUDITORIUM ,CENTRAL HOSPITAL
		,		8.30 A.M. to 11: 00 A.M
8.	ONCOLOGY	UR-01		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
9.	DENTAL	UR-02		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
10.	CASUALTY	UR-01	04.00.0000	AUDITORIUM ,CENTRAL HOSPITAL
			04.02.2022	8.30 A.M. to 11: 00 A.M
11.	PATHOLOGY	UR-01		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M
12.	PEDIATRICS	OBC-02, EWS-01		AUDITORIUM ,CENTRAL HOSPITAL
		,		8.30 A.M. to 11: 00 A.M
13.	RADIOLOGY	UR-02		AUDITORIUM ,CENTRAL HOSPITAL
				8.30 A.M. to 11: 00 A.M

If the Number of candidates are more, then interviews may have to be continued on next working day

COVID-19 ALERT
MAINTAIN SOCIAL DISTANCING, WEAR MASK, BE SAFE

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### **Eligibility Criteria:-**

### (A)Educational Qualification:

- (i) Post Graduate Degree recognised by MCI/NBE in the concerned Specialty.
- (ii) Post Graduate Diploma recognised by MCI/ NBE in the concerned Specialty.
- (iii) **SR-ONCOLOGY**:- Candidates should be DM or DNB oncology/onco-surgery or <u>MS surgery or DNB Surgery with</u> one year experience in Oncology.
  - SR Casualty: Candidate should be MD/DNB in Medicine/Surgery/Paediatrics/Anaesthesia.
- (iv) SR DENTAL: The candidate should be MDS, preferably in the specialty of Oral maxillofacial surgery or conservative dentistry & endodontics.
- (v) The candidate should have completed the tenure of PG Degree/ Diploma before the date of interview.
- (vi) For SR selection in all specialities, If candidates with PG qualification are not available in a particular specialty, candidates without having PG qualification but having at least three years experience after MBBS, out of which one year of Junior Residency from a Government Hospital(300 beds or more) or MCI recognized/NBE accredited private hospital(300 beds or more) in the concerned specialty, can be considered for a period of one year only.

**(B)Registration**: Candidates must have a valid registration with Medical Council of India (MCI) /Delhi Medical Council (DMC) /State Medical Council. For candidates not having Registration with Delhi Medical Council (DMC), they will have to apply to Delhi Medical Council for registration, before joining. The proof regarding the same will have to be submitted at the time of joining.

(C)Age Limit: Age as on the date of notification 20.01.2022- shall be as under:

	Regular age Criteria	Age relaxation - In Case of non availability of
		candidates with age limit
General/UR	37 years	40 yrs
OBC	40 Years	43 yrs
SC/ST	42 years	45 yrs

**(D)Tenure:** Initial appointment will be for One Year only. This would be extendable to a total maximum period of Three (03) years in the form of subsequent Two(2) annual extensions, subject to satisfactory work, conduct & performance. Termination/ Resignation of engagement can be done on one month prior notice or payment of one month salary from either side.

**(E)Pay Scale**: Matrix Level -11 (Rs.67700-208700) revised pay as per 7<sup>th</sup> CPC at entry level. Allowances as admissible will be paid.

### (F)General Instructions:-

- **1.** All the columns in application form must be duly filled properly. Applications with incomplete/incorrect information are liable to be rejected summarily.
- **2.** All the required certificates duly **self attested** must be attached with the application. The candidates must have their original certificates, publications with them at the time of interview for verification and need to submit the same before the interview committee.
- **3.** Please Note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment and legal action.
- **4.** Enclosures as mentioned in the application form at Column-F are to be attached with the application
- **5.** SC/ST candidates are required to submit their caste certificate (issued before the date of submission of their applications) issued only by the Authorised Competent Authority of the Delhi State Govt/Govt of India.
- **6.** OBC candidates are required to submit their caste certificate (issued before the date of submission of their applications &but within ONE year from the date of Walk in Interview) duly mentioning about the Creamy Layer status ) issued only by the Authorised Competent. Enclosures as mentioned at column F of the Application form are to be attached with application.
- **7.** EWS candidates are required to submit the certificate issued by the Competent authority ,issued within one year from the date of Walk in interview.
- **8.** No application fee will be charged from ANY Candidate for the interview.
- 9 . No TA/DA/ Allowances of any kind will be paid for appearing in the interview
- **10.** List of the selected candidates will be displayed on the notice board. The offer of appointment will also be sent to the selected candidates by E-Mail & by SPEED POST.
- **11.** The selected candidates will have to report for duty within a period of 7 days from the date of issue of the letter of offer. Candidature may be cancelled in case of not reporting within the prescribed time limit.
- 12. All the selected candidates will have to produce & deposit their original certificates at the time of joining.
- **13**. Any discrepancy may invite cancellation of appointment and legal action as per the rules. **The Decision of the Selection Board will be final.** In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

MEDICAL DIRECTOR CENTRAL HOSPITAL

APPLICATION &SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF Ref: File No: E/Med/SR/74/2022 **Advt.No.** NRCH/SR/2022/01 To. The Medical Director **PASTE A RECENT PASSPORT SIZE** Northern Railway Central Hospital, COLOR PHOTOGRAPH. WITH Basant Lane , New Delhi NAME & DATE IN FRONT & SELF ATTESTED A. PERSONAL DETAILS-(ANY SUPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURE) 1.Name (BLOCK LETTERS) 2. D.O.B. 3. Age on Date of Advt (as Yrs, Months & Days) 4. Category-(UR/OBC/SC/ST/EWS) MOBILE No. 5.Father's Name Father's Name & Address Occupation & details of Employment 6. Husbands/Wife's Name \_\_\_\_\_\_MOBILE No. \_\_\_\_\_ Husbands/Wife's &Address Occupation & details of Employment \_\_\_\_\_ 7.APPLICANTS Present Address & Mailing Address (BLOCK LETTERS) PIN CODE 9. APPLICANTS Permanent Address (BLOCK LETTERS)\_\_\_\_\_ PIN CODE -B. Means of Communication with APPLICANT (Pease pay attention & fill in correct details): 1.E.Mail Address (in BLOCK LETTERS): 2. Mobile Nos:\_\_\_\_\_\_ 3. Landline No (with STD Code)\_\_\_\_\_\_ C. APPLICANTS IDENTIFICATION DETAILS: (Sr. No. 1 to 3 are essential) 1. PAN CARD No. \_\_\_\_\_\_ Date of Issue & validity \_\_\_\_\_ 2. VOTER I/D No. \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_ Issuing Authority \_\_\_\_\_ 3 . ADHAAR CARD No.:\_\_\_\_\_ Date of issue & Validity \_\_\_\_\_ Issuing Authority \_\_\_\_\_ 4. PASSPORT No. Date of issue & Validity Issuing (PI give a declaration if a Passport has not been issued till now) **Signature of Candidate** Dated :\_\_\_\_\_

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Place \_\_\_\_\_

### D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

### 1. GRADUATION

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtaind / Total Marks	% Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G Foreign Medical Graduates)	1 <sup>st</sup> Prof: 2 <sup>nd</sup> Prof: 3 <sup>rd</sup> prof: 4 <sup>th</sup> Prof: Final Passing Out in Year	/ / / Grand Total_ Out of NBE MARKS for F.M.G. Marks /Out of	Ist Prof % IInd Prof % 3 <sup>rd</sup> Prof % 4 <sup>th</sup> Prof % Total %(NBE) For F.M.G.	Total No of Attempts :	<u>Institution</u> <u>Dates</u>
2.	Details of Post MBBS/BDS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications wi	

2. POST GRADUATE DEGREE / DIPLOMA- SPECIALITY -.....

3	INSTITUTION, UNIVERSITY & YEAR OF PASSSING	PERIOD OF TRAINING WITH DATES	Subject & Total No. of Attempts	Marks Obtained & %	Details of Publications, Papers Presented During P.G.

	3. DETAILS OF Experience afterpost Graduate DEGREE / DIPLOMA till today.						
4.	NAME & ADDRESS	TOTAL PERIOD	NATURE OF JOB	1.Details of PUBLICATIONS, PAPERS Presented after PG.			
	OF INSTIUTION	WITH DATES	RESPONSIBILITIES	2. CONFERENCES ATTENDED			
			HELD				

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MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	DELHI MEDICAL COUNCIL (proof of having applied for
	DMC Registration is a must before the joining)
MCI&STATE M.C-	DELHI M.C
Regn No:	Regn No:
Date:	Date:
REMARKS	REMARKS

**F.** <u>Details of Certficates</u>: Copies of Documents duly self attested to be submitted with application form ( from S.No.1 to 20 ):

S.No	TYPE OF DOCUMENT SUBMITTED	WhetherSubmitted (write yes / No)	If NO , Give Reasons there for	Remarks ( By the Scrutinizing Official
1.	Date of Birth Certificate			
2.	Degree Certificate of MBBS			
3.	Internship Completion Certificate			
4.	MCI/STATE /DCI Registration Certificate.			
5.	DMC, Registration Certificate			
6.	Caste Certificate (OBC/SC/ST/EWS) issued by the competent authority (as applicable)			
7.	POST GRADUATE DEGREE (MCI/DCI recognized only)			
8.	POST GRADUATE DIPLOMA Certificate (MCI /DCI			
	recognized only)			
9.	LETTER of RECOMMENDATION of Good Character			
	&Conduct from TWO GAZETTED OFFICERs , on their			
	Official Letter Head bearing their Name, Designation,			
	SEAL & Contact Details.			
10.	Experience Certificate			
11.	Conference Certificate			
12.	Publications & Details			
13.	PAN CARD			
14.	VOTER ID,			
15.	ADHAR CARD			
16.	PASSPORT			
17.	Proof of Present Address.			
18.	Proof of Permanent Address.			

F.	D	E	CI	.Α	R	A	TI	0	N	

- I, Dr. (Mr/Ms.) \_\_\_\_\_\_s/d/o\_\_\_\_\_ hereby solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Delhi Medical Council is an essential requirement before joining. I undertake to apply for DMC Registration immediately & will submit the same before my joining at Northern Railway, Central Hospital, New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

Date:Month Year		
		Signature of candidate
Place:	(Name:	)

## **OBC Undertaking**

### Declaration / undertaking - for OBC Candidates only

I,son/daughter of Shri	resident of village/town/city
district	
State hereby declare that I belong to the backward class by the Government of India for the purpose of	·
in Department of Personnel and Training Office Memorandum	·
is also declared that I do not belong to persons/sections (	,
Schedule to the above re ferred Office Memorandum, dated	• • •
Personnel and Training Office Memorandum No.36033/3/2004	•
the condition of status/annual income for creamy layer of my p	,
financial year ending on March 31, 2017.	
Diago	Cinnatura of the Candidata
Place:	Signature of the Candidate
Date:	

Declaration/undertaking not signed by Candidate will be rejected

### **OBC Certificate Format**

### FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE **GOVERNMENT OF INDIA**

### "This certificate MUST have been issued within one year from date of interview"

This is to cer tify that Shri/Smt./Kum.	Son/Daughter of Shr i/Smt.	
of Village/Town	District/Division	in the
State belongs to the	Community which	is recognized as a backward class under
(i) Resolution No. 12011/68/93-BCC(C No . 186 dated 13/09/93.	c) dated 10/09/93 published in the Gazette of I	ndia Extraordinary Part I Section I
(iii) Resolution No. 12011/7/95-BCC da dated 25/05/95.	0/94 published in the Gazette of India Extraordinary Parted 24/05/95 published in the Gazette of India	
<ul> <li>(iv) Resolution No. 12011/96/94-BCC d</li> <li>(v) Resolution No. 12011/44/96-BCC dated 6/1</li> <li>(vi) Resolution No. 12011/13/97-BCC d</li> <li>(vii) Resolution No. 12011/99/94-BCC d</li> <li>(viii) Resolution No. 12011/68/98-BCC d</li> </ul>	2/96 published in the Gazette of India Extraordinary Par ated 03/12/97. ated 11/12/97.	t I Section I No. 210 dated 11/12/96.
(ix) Resolution No. 12011/88/98-BCC dated 6/1	ated 27710/99.  2/99 published in the Gazette of India Extraordinary Par ated 04/04/2000 published in the Gazette of Ir	
<ul> <li>(xi) Resolution No. 12011/44/99-BCC d No. 210 dated 21/09/2000.</li> <li>(xii) Resolution No. 12016/9/2000-BCC</li> <li>(xiii) Resolution No. 12011/1/2001-BCC</li> <li>(xiv) Resolution No. 12011/4/2002-BCC</li> </ul>	dated 19/06/2003. dated 13/01/2004.	
(xv) Resolution No. 12011/9/2004-BCC No. 210 dated 16/01/2006.	dated 16/01/2006 published in the Gazette of	India Extraordinary Part I Section I
istrict/Division of (Creamy Layer) me ntioned in Column 3 of tl	and/or his family ordinarily reside(s) in the State. This is also to cer tify that he/she doe ne Schedule to the Government of India, Depa which is modified vide OM No. 36033/3/2004	es not belong to the persons/sections ar tment of Personnel & Training O. M.
Dated:		
	District Ma	gistrate/ DeputyCommissioner, etc.Seal
IOTE:		

- The ter m 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, (a) 1950.
- The authorities competent to issue Caste Cer tificates are indicated below: (b)
  - District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First C lass Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Ex tra Assistant Commissioner (not below the rank of lst C lass Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

### SC/ST Certificate Format

### FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum		Son/Daughter of Shri
	of village/Town	in District/ Division of of of caste/Tribe, which is recognized as a S chedule
	belongs to the	caste/Tribe, which is recognized as a S chedule
Caste/Scheduled Tribe under.		
The Constitution (Scheduled Castes) order, 1950.		
The Constitution (Scheduled Tribes) order, 1950.		
The Constitution (Scheduled Castes)(Union Territor	ory ) order, 1951.	
The Constitution (Scheduled Tribes) (Union Territo		
1966, The State of Himachal Pradesh Act, 1970		1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, ization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders
(Amendment) Act, 1976.)	d Ot- O-d 4050:	
*The constitution (Jammu & Kashmir) Schedule		and and the state of Contraction and Contraction of Tailors and are (Assessed asset). A
1976:	is) Scheduled Tribes, 1959, as ame	nded by the Scheduled Castes and Scheduled Tribes orders (Amendment) A
*The Constitution (Dadra and Nagar Haveli) Sci	heduled Castes Order	
1962; *The Constitution (Dadra & Nagar Haveli	) Scheduled Tribes Order,	
1962; *The Constitution (Pondichery) Schedule		
*The Constitution (Uttar Pradesh) Scheduled Tr *The Constitution (Goa, Daman &Dieu) Schedu		
1968; *The Constitution (Nagaland) Scheduled		
*The Constitution (Goa, Daman &Dieu) Schedu		
*The Constitution (Sikkim) Scheduled Castes O		
*The Constitution (Sikkim) Scheduled Tribes Or	der, 1978;	
*The Constitution (Scheduled Castes) Orders (A		
*The Constitution (Scheduled Tribes) Order, (A		
*The Constitution (Scheduled Tribes) Order, (Scheduled Tribes)		
1991. *The Constitution (Scheduled Tribes) Ord	linance, 1996	
This certificate is issued on the basi s of the	Schedul ed Castes/Scheduled Tr	ibes Certificate issue to
Shrivillage/town	Father of Shri	of
village/town	in District/Division	of the State/UT
who belongs to the	caste/Tribe which is	recognized as a SC/ST in the State/Union Territory
No.	ued by the	(name of the prescribed issuing authori ty) vide to
NO	dated Town	(name of the prescribed issuing authori ty) vide the prescribed issuing authori ty vide the prescribed issuing authority vide the prescribed
mismer raining ordinarily reside(s) in vinage	i Owiii	
Place		
Date		
		Signature
		Designation
		(With Seal of Office)

### LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

- District Magistrate/Additional District
   Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy . Collector/ 1st Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.

  2. Chief Presidency Magistrate/Additional Chief Presidency
- Magistrate/Presidency Magistrate.
- 3. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.
- 4. Revenue O fficers not below the rank of Tahsildar.

