

NOTICE

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

File No: E/Med/SR/74/2020

Advt .No. NRCH/SR/2020/003

ENGAGEMENT OF SENIOR RESIDENTS

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 ,1st 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.	MEDICINE	UR-04, OBC-04 , ST-01, EWS-01, SC-1	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
2.	SURGERY	UR-01,EWS-01	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
3.	PEDIATRICS	UR-01,OBC-01	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
4.	ANESTHESIA	UR-02,SC-01,OBC-01	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
5.	RADIOLOGY	UR-02	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
6.	OBST. & GYNAE	UR-01,OBC-01	24.07.2020	AUDITORIUM ,CENTRAL HOSPITAL -----8.30 A.M. to 11: 00 A.M.----
	TOTAL	UR-11, OBC-07 ST-01,EWS-02, SC-02 Total =23		

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

COVID-19 ALERT
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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 in the concerned Specialty.
- (iii) The candidate should have completed the tenure of PG Degree/ Diploma before the date of interview.
- (iv) 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 interview (01.07.2020)** - 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 7th 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.

CHIEF MEDICAL DIRECTOR
CENTRAL HOSPITAL

APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF _____

Ref: File No: E/Med/SR/74/2020

Advt.No.NRCH/SR/2020/003

To,
The Chief Medical Director
Northern Railway Central Hospital,
Basant Lane , New Delhi

PASTE A RECENT PASSPORT SIZE
COLOR PHOTOGRAPH, WITH
NAME & DATE IN FRONT
& SELF ATTESTED

A. PERSONAL DETAILS-(ANY SUPPRESSION 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) _____

5.Father's Name _____ MOBILE No. _____

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 (Please 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
Authority _____
(Pl give a declaration if a Passport has not been issued till now)

Signature of Candidate

Dated : _____ Place
Contd 4

D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS**1. GRADUATION**

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtained / Total Marks	% Of MARKS	Extra Attempts in each of MBBS	INTERNSHIP COMPLETION
	(F.M.G.- Foreign Medical Graduates)	1 st Prof:	/	1 st Prof % _____	_____	<u>Institution</u>
		2 nd Prof:	/	2 nd Prof % _____	_____	
		3 rd Prof:	/	3 rd Prof % _____	_____	
		4 th Prof:	/	4 th Prof % _____	_____	
		Final Passing Out in Year	Grand Total____ Out of _____ NBE MARKS for F.M.G. Marks /Out of	Total % _____ Total%____(NBE) For F.M.G.	Total No of Attempts :	<u>Dates</u>
2.	Details of Post MBBS/BDS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications with Details, if ANY 2. CONFERENCES ATTENDED	

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

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

3. DETAILS OF Experience after Post Graduate DEGREE / DIPLOMA till today.

4.	NAME & ADDRESS OF INSTITUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD	1.Details of PUBLICATIONS, PAPERS Presented after PG . 2. CONFERENCES ATTENDED

E. REGISTRATION DETAILS

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

F. Details of Certificates :Copies of Documents duly self attested to be submitted with application form (from S.No.1 to 20):

S.No	TYPE OF DOCUMENT SUBMITTED	Whether Submitted (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.DECLARATION

- 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 _____

Place: _____)

Signature of candidate
(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 _____ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above re ferred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004.I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2017.

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 certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/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) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (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.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 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 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State. This 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. 36 012/22/93-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, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class 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
the State/Union Territory _____ belongs to the _____ caste/Tribe, which is recognized as a S schedule
Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.

The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory) order, 1951.

The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976;

*The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962; *The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962; *The Constitution (Pondichery) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

*The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968; *The Constitution (Nagaland) Scheduled Tribes Order, 1970;

*The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968;

*The Constitution (Sikkim) Scheduled Castes Order, 1978;

*The Constitution (Sikkim) Scheduled Tribes Order, 1978;

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.

*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

*The Constitution (Scheduled Tribes) Order, (Second Amendment) Act,

1991. *The Constitution (Scheduled Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to

Shri _____ 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

_____ issued by the _____ (name of the prescribed issuing authority) vide their
No. _____ dated _____ or Shri _____ and or
his/her family ordinarily reside(s) in Village/Town _____ of _____ District/Division of the State/Union Territory of

Place _____

Date _____

Signature _____

Designation _____

(With Seal of Office)

LIST OF AUTHORITIES EMPOWERED TO ISSUE

CASTE/TRIBE CERTIFICATE:

1. 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 Officers not below the rank of Tahsildar.

