



GOVERNMENT OF N.C.T OF DELHI  
INDIRA GANDHI HOSPITAL  
SECTOR-9, DWARKA, NEW DELHI-110077

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार  
इंदिरा गाँधी हॉस्पिटल  
सेक्टर-०९, द्वारका, नई दिल्ली-११००७७



F.No.2/6(45)/Estt./Aptt./SR/2025-IGH/ 8688-92

Dated:

18 JUL 2025

### NOTICE

### WALK-IN-INTERVIEW FOR THE POST OF SENIOR RESIDENT ON ADHOC BASIS

Applications are invited through Walk in Interview for engagement of **Senior Resident**, initially for a period of **89 Days on Adhoc basis** or till regular incumbents join whichever is earlier; in Pay Matrix Level 11 (Rs 67,700/- Rs 2,08,700/-) and other allowances as admissible; against following vacant posts in various departments as per schedule below :-

| SL. No. | Department           | Total Vacancies | UR | OBC | SC | ST | EWS | Date of Interview | Educational qualification |
|---------|----------------------|-----------------|----|-----|----|----|-----|-------------------|---------------------------|
| 1.      | Medicine             | 02              | 01 | 01  | 00 | 00 | 00  | 25.07.2025        | MD/DNB/Diploma            |
| 2.      | Paediatrics          | 08              | 02 | 03  | 01 | 01 | 01  |                   | MD/DNB/Diploma            |
| 3.      | Anaesthesia          | 07              | 02 | 02  | 01 | 01 | 01  |                   | MD/DNB/Diploma            |
| 4.      | Gen. Surgery         | 01              | 00 | 01  | 00 | 00 | 00  |                   | MS/DNB/Diploma            |
| 5.      | Obs. & Gynae.        | 03              | 01 | 00  | 01 | 00 | 01  |                   | MS/DNB/Diploma            |
| 6.      | Respiratory Medicine | 01              | 01 | 00  | 00 | 00 | 00  |                   | MD/DNB/Diploma            |
| 7.      | Pathology            | 01              | 01 | 00  | 00 | 00 | 00  |                   | MS/DNB/Diploma            |
| 8.      | Radio-diagnosis      | 01              | 01 | 00  | 00 | 00 | 00  |                   | MD/DNB/Diploma            |
| 9.      | Dermatology          | 01              | 01 | 00  | 00 | 00 | 00  |                   | MD/DNB/Diploma            |
| TOTAL   |                      | 25              | 10 | 07  | 03 | 02 | 03  |                   |                           |

# The number of Posts may vary at the Time of Interview

**NOTE :- Only those candidates, who fulfill the eligibility criteria as per Residency Scheme are required to appear for Interview.**

#### A. ELIGIBILITY CRITERIA :

|           |                                                                                                                             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| Age Limit | 45 Years for General, 48 years for OBC (belonging to Delhi only) and 50 years for SC/ST candidates as on date of interview. |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|

#### B. GENERAL CONDITIONS :-

- Interested candidates shall report at 09:30 AM as per schedule above, alongwith duly filled Application Proforma annexed herewith & self-attested copies of all Educational Certificates and Two Passport Size Photographs.
- Registration with **Delhi Medical Council (MBBS)** is mandatory as on date of interview. Candidates who **have applied for post PG (Delhi Medical Council)** are allowed to appear in interview.
- Appointment shall be subject to medical fitness and verification of Educational Certificates.
- Extension beyond 89 days is admissible as per extant Rules of Deptt of H&FW, GNCTD on Satisfactory work & conduct report.
- SC/ST certificate issued only by Competent Judicial/Revenue Authority shall be accepted.
- OBC/EWS certificate issued by Govt. of NCT of Delhi shall only be accepted and the same must have been issued before the date of interview. Further, the OBC candidates must possess Non Creamy Layer certificate for the current year along with his/her caste certificate.
- In case certificate of any candidate claiming to be belonging to SC/ ST/ OBC/ EWS is found to be fabricated or candidate is found to be not belonging to any of the category so claimed, services of such candidate shall be terminated forthwith without assigning any further reason and without prejudice to such further action as may be taken under the provisions of Indian Penal Code for production of fake/false certificate.
- Reservation for person with disabilities/Differently abled persons shall be given as per rules of Govt. of India.**
- No TA/DA is admissible for appearing in the Interview.
- Selection/appointment is purely on provisional basis, subject to verification of educational certificates and other related certificate/antecedents/DMC certificate and the candidate being found medically fit.

11. Candidates if working on Adhoc/Regular basis must produce NOC from present employer.
12. Selected candidates shall be allowed to join immediately or maximum within 07 days of issue of the offer letter failing which the offer shall automatically be cancelled. **Hence, only those candidates who can join immediately need to apply.**
13. The Competent Authority reserves right to decide in case of any dispute with regard to selection process.
14. In case of any inadvertent error detected at a later stage the same will be rectified as per rules.
15. The appointment and services will be governed under Residency Scheme of Govt. of India.
16. In case of any legal dispute, the jurisdiction of Court will be Delhi/New Delhi only.
17. The Competent Authority reserves the right to do any cancellation, amendment and change of advertisement.
18. Result will be declared on the website of Health & Family Welfare and Indira Gandhi Hospital.
19. In case of non availability of candidates in Specialists, where no fresh candidates are available, candidates who have completed 03 years Senior residency but are willing to serve as Senior Residency may also be allowed to appear in the Interview & considered as per terms of relaxation of provision circulated dated 10.06.2011 of department of H&FW, GNCTD.

**Important:** if any declaration/information furnished by the candidate is found false/any material/fact suppressed willfully, the candidate appointment will be cancelled/terminated forthwith. The decision of the selection board/Medical Director of IGH, Dwarka regarding selection will be final and binding and no representation will be entertained in this regard.

**C. VENUE & TIME :-**

Venue- Seminar Room B6317, 5th Floor, Admin Block, IGH Dwarka.  
Registration Time:- 9.30 A.M. to 12.00 Noon on the day of interview.  
Interview Time:- 10.00 AM onwards on the day of interview.

**D. REQUISITE DOCUMENTS :-**

**The Candidates must ensure to report for interview alongwith the copies of following documents and original ones for verification:-**

- a. Duly filled application form alongwith two passport size photographs.
- b. 10th/ Matric/ Secondary pass certificate alongwith marksheet (s).
- c. 12th/ Senior Secondary/ 10+02 pass certificate alongwith marksheet (s).
- d. MBBS Degree alongwith Marksheets of each year.
- e. Attempt Certificate.
- f. Internship Completion Certificate.
- g. Post graduate Degree/Diploma alongwith mark sheet
- h. Caste certificate (in case of applying under reserve category).
- i. DMC Registration Certificate (MBBS/MD/MS/DNB) as per eligibility.
- j. Experience Certificate, if any.
- k. Aadhaar card/ Pan-card/ Driving Licence and a proof of permanent address.

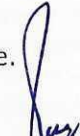
  
**DR. PAWAN KUMAR**  
**AMS/HOO, IGH**

F. No.2/6(45)/Estt./Aptt./SR/2025-IGH/ 8608 - 92

Dated:

Copy to:-

1. PS to MD, IGH.
2. HoD concerned.
3. All Notice Boards, IGH, Dwarka.
4. Programmer Deptt. of H&FW with request to upload the same on website.
5. Data Processing Assistant (DPA), IGH with the request to upload the same on website.

  
**DR. PAWAN KUMAR**  
**AMS/HOO, IGH**

18 JUL 2025

CHECKLIST FOR THE INTERVIEW OF SENIOR RESIDENT (ADHOC)

PG/NON-PG

DEPARTMENT

DATE

E-MAIL

CANDIDATE'S NAME

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FORM IN THE FOLLOWING ORDER ONLY

| S.N. | PARTICULARS                                                                                  | <input type="checkbox"/> <input type="checkbox"/> | REMARKS, IF ANY |
|------|----------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------|
| 1    | APPLICATION FORM DULY FILLED                                                                 |                                                   |                 |
| 2    | DOB CERTIFICATE (10TH)                                                                       |                                                   |                 |
| 3    | CASTE CERTIFICATE (SC/ST/OBC (DELHI) (CURRENT NON CREAMY LAYER) EWS (CURRENT FINANCIAL YEAR) |                                                   |                 |
| 4    | SR. SECONDARY SCHOOL MARKSHEET/CERTIFICATE                                                   |                                                   |                 |
| 5    | MBBS MARKSHEETS AND DEGREE                                                                   |                                                   |                 |
| 6    | POST MBBS AND DEGREE                                                                         |                                                   |                 |
| 7    | PG MARKSHEETS AND DEGREE                                                                     |                                                   |                 |
| 8    | POST PG DMC REGISTRATION CERTIFICATE                                                         |                                                   |                 |
| 9    | SENIOR RESIDENCY, IF ANY                                                                     |                                                   |                 |
| 10   | EXPERIENCE                                                                                   |                                                   |                 |
| 11   | AADHAR CARD NO                                                                               |                                                   |                 |
| 12   | ADDRESS PROOF                                                                                |                                                   |                 |

SIGNATURE OF THE  
CANDIDATE



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सेक्टर-०९, द्वारका, नई दिल्ली-  
११००७७



**Application Form for the Post of Senior Resident on Adhoc Basis**

**Department** \_\_\_\_\_

**(All fields are mandatory to be filled)**

1. Name of the applicant:
2. Father's /Husband's Name:
3. Mother's name:
4. Marital Status:
5. Gender :
6. Date of Birth:
7. Age as on date of interview : \_\_\_\_ Years \_\_\_\_ Month \_\_\_\_ Days
8. Category: GEN/EWS/PWD/SC/ST/OBC/Others:
9. Correspondence Address with Pin code:
10. Permanent Address:
11. Email ID:
12. Mobile No.
13. Nationality:
14. DMC registration Number with date  
of registration in Delhi Medical Council:-
15. Educational Qualification:

Affix a  
passport size  
photograph

| S No. | Education      | Board/University | Year of Passing | Total Marks | Marks Obtained | Percentage | No of Attempts |
|-------|----------------|------------------|-----------------|-------------|----------------|------------|----------------|
|       | X              |                  |                 |             |                |            |                |
|       | XII            |                  |                 |             |                |            |                |
|       | MBBS           |                  |                 |             |                |            |                |
|       | MD/DNB/Diploma |                  |                 |             |                |            |                |
|       |                |                  |                 |             |                |            |                |
|       |                |                  |                 |             |                |            |                |

**16. Experience:** Experience certificate (to be attached) issued by the Competent Authority indicating dates, & Nature of Job (particulars of employments in Chronological order):

| Name of Employer/Institute & address | Designation / Post held | Department | Period |    | Total Duration | Nature of work performed or being performing |
|--------------------------------------|-------------------------|------------|--------|----|----------------|----------------------------------------------|
|                                      |                         |            | From   | To |                |                                              |
|                                      |                         |            |        |    |                |                                              |
|                                      |                         |            |        |    |                |                                              |
|                                      |                         |            |        |    |                |                                              |

17. Additional information, if any:-

**18. Character & Antecedents:**

- |                                                           |        |
|-----------------------------------------------------------|--------|
| (a) Have you ever been arrested?:                         | Yes/No |
| (b) Have you ever been prosecuted:                        | Yes/No |
| (c) Have you ever been kept under detention?:             | Yes/No |
| (d) Have you ever been bound down?:                       | Yes/No |
| (e) Have you ever been fined by a Court of Law?:          | Yes/No |
| (f) Have you ever been convicted by Court of Law?:        | Yes/No |
| (g) Is any case pending against you in any Court of Law?: | Yes/No |
| (h) Have you ever been involved in any Criminal case?:    | Yes/No |

19. Documents attached:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

**Date:**

**Signature of the candidate**

### **Declaration**

I \_\_\_\_\_ D/ S/O \_\_\_\_\_ solemnly declare that the above statements made by me, are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of my information being found false or incorrect or ineligibility detected at any point of time, I understand that my application/ candidature will be immediately rejected/disqualified without any notice.

I understand and agree to the General Terms and Conditions.

Signature of Candidate  
Name of Candidate

Place:

Date: