

F. No. 20016/Non-PG JR/Admn.-I-2018/5257

भारत सरकार

स्वास्थ्य सेवा महानिदेशालय


लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सुचेता कृपलानी अस्पताल, नई दिल्ली

दिनांक 11/07/2018

The vacancy position of Non-PG Junior Resident for ad-hoc appointment in following Departments of this Institution is given below:

S. No.	Name of the Department	Number of vacant posts	Category break up			
			SC	ST	OBC	UR
1.	Accident & Emergency	04	00	01	00	03
2.	Anaesthesia	01	00	00	00	01
3.	Obst. & Gynae.	03	01	00	01	01
4.	Ophthalmology	01	00	00	00	01
5.	Surgery	03	01	01	00	01

The vacancies can increase or decrease. The numbers of vacant posts indicated above are provisional and subject to the change without any notice. The details terms & conditions and eligibility has already been mentioned on the website <http://lhmc-hosp.gov.in> vide letter no. F. No. 20016/Non-PG JR/Admn.-I-2018/3070 on dated 18.04.2018. The document of all years of MBBS marks-sheet, age proof, internship completion certificate, DMC etc must be attached.


11/7/2018
Dy. Director (Admn.)



F.No.20016/Non-PG JR/Admn.-I-2018

Government of India

Director General of Health Services

Lady Hardinge Medical College & Smt. S.K. Hospital, New Delhi

Preference for Departments desired-	
1	
2	

Choice of Departments (Please Tick)

S. N.	Name Of Department	
1	Accident & Emergency	
2	Anaesthesia	
3	Obst. & Gynae.	
4	Ophthalmology	
5	Surgery	

Name of Candidates-----

Fathers Name-----

Category-----

Date of Birth-----

Date of Internship Completion.....

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

(APPLICATION FORM FOR THE POST OF NON-PG JUNIOR RESIDENT ON AD-HOC BASIS)

(Form to be filled in Capital Letters)

1. Name of Candidate-

2. Name of Father/Husband-

3. Married/Unmarried-

4. Permanent Address-

Affix Passport size
photograph

Pin Code-

Mobile No.-

5. Present Address-

Pin Code-

Mobile No.-

E-mail-

6. Category- SC/ST/OBC/GEN

PWD-

Yes/No OL/OA/HH

7. Religion-

Nationality-

8. Date of Birth-

9. Marks Obtained in Final Examination..... Out of.....MBBS/BDS &
Percentage in Final MBBS/BDS.....

10. Date of Internship completion.....& Name of the
institution.....

11. Number of attempt in:-

(I) 1st Prof.-

(II) 2nd Prof.-

(III) 3rd Prof.-

12. Performance in final MBBS/BDS:-

Subject	Name of the University	Maximum Marks	Marks Obtained	Percentage

13. House Job done/doing (If any)-
Mentioned Period & Hospital-

14. DMC/DDC Reg. No.-

DECLARATION:- I solemnly declare that the above statements made by me are correct to the best of knowledge and belief.

Signature of Candidate