

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
कलावती सरन बाल चिकित्सालय
बांग्ला साहिब मार्ग, नई दिल्ली-११०००१

GOVT. OF INDIA
Ministry of Health & Family Welfare
Lady Hardinge Medical College & Associated Hospitals
Kalawati Saran Children's Hospital
Bangla Sahib Marg, New Delhi-110001

File No.: M/6/2026-RR(KSCH)/

Dated: 01/08/2026

NOTICE

In pursuance of the seat allocation Result Notification Result Notification No. 190/2026 dated 14.06.2026, against the Advertisement Notice No. 17/2026 dated 24.02.2026 issued by AIIMS, New Delhi and VMMC & Safdarjung Hospital, New Delhi, it is hereby informed that the Document Verification in respect of following 02 provisionally selected candidates of NORCET-10, allocated to Kalawati Saran Children's Hospital, New Delhi is scheduled to be conducted:

Sl. No.	Name of Candidate	Roll Number	Overall Rank	Date of Birth	Candidate Category	Allotment Category
1.	Mr. Anup	4801883	1030	07-04-1999	OBC	OBC
2.	Ms. Mona Prajapat	4819577	1454	02-12-2000	OBC	OBC

Accordingly, candidates are directed to appear before the Screening Committee for Document Verification on the allotted date, time and venue mentioned below:

Date : 10th August 2026.

Time : 02.00. PM

Venue : Porta Cabin-10, 1st Floor, (old Psychiatric Department), Kalawati Saran Children's Hospital, Bangla Sahib Road, New Delhi-110001

1. The candidates are directed to bring the Original Documents along with one photocopy set as per the Checklist enclosed.
2. The candidates are also directed to report the Venue, before 30 minutes of reporting time positively to appear before the Screening Committee on the prescribed date, time and venue without fail. In case, any candidate is found to be absent on the date allotted to them, his/her candidature will be cancelled without any further correspondence.
3. Selection of the applicants is provisional mere appearing in the document verification and qualifying the same will not bestow any right upon the applicants to claim for the appointment in Kalawati Saran Children's Hospital. Selection/appointment is further subject to fulfilling all other eligible conditions stated in the advertisement notice and notified recruitment rules.
4. No TA/DA will be paid for attending the document verification.
5. LHMC & Assoc. Kalawati Saran Children's Hospital reserves the right to postpone or deferring the date of verification for which the intimation will be sent through email/uploading on website. So, the candidates may need to overstay therefore, candidates should make arrangements according to that, No claim for cancellation charges of tickets will be entertained in the event of change of schedule.
6. Call letters for DV will be sent through email/post.

V. Madhavi
01/08/2026
(Addl. Med. Supdt.)
K.S.C.H.

Encl.: Checklist.

CHECKLIST FOR DOCUMENT VERIFICATION

A. TO BE FILLED UP BY THE CANDIDATE:

Sl. No.	To be filled by the Candidate	
1.	Roll No.	
2.	Rank No.	
3.	Candidate's Name (IN BLOCK LETTER)	
4.	Father's Name	
5.	Date of Birth	
6.	Age as on 16.03.2026	
7.	Category	

Please affix recent
passport size
photograph

B. List of documents to be produced by the Candidate in Original along with a set of self-attested copy of documents at the time of document verification:

(Please tick (✓) in appropriate column)

Sl. No.	Particulars	Yes	No	Not Applicable	Remarks, if any
i.	Printout of Online application				
ii.	Admit Card				
iii.	Photo Identity Card viz Aadhar Card				
iv.	Birth Certificate (10 th class certificate)				
v.	Diploma/Degree Certificate				
vi.	All certificates/qualifications passed from 10 th class onwards (along with copy of mark sheet)				
vii.	Registration Certificate with concerned Nursing Council				
viii.	Experience Certificate as required				
ix.	Caste Certificate (SC/ST/OBC/EWS) issued by Appropriate Authority				
x.	(a) In case of OBC candidate, is it in Central Govt. format issued by the Central Govt.				
	(b) If, No, please mention the reason in Remarks column				
	(c) Date of issuance of Certificate (Please mention in remarks column) which should be between 01.04.2025 to 16.03.2026 (Both dates inclusive)				
xi.	(a) In case of EWS candidate, is it in Central Government format issued by the Central Govt.				
	(b) If, No, please mention the reason in Remarks column				
	(c) Date of issuance of Certificate (Please mention in remarks column) which				

	should be between 01.04.2025 to 16.03.2026 (Both dates inclusive)				
xii.	Disability Certificate in case of Person with Benchmark Disability (PWBD) issued by Distt. Chief Medical Officer				
xiii.	Discharge Certificate in case of Ex-Serviceman				
xiv.	Age relaxation certificate from their Employer in case of candidates seeking age relaxation as Departmental Candidate.				
xv.	'No Objection Certificate' in case of candidate already working in Govt. Service.				
xvi.	Two Passport size Photograph in which one should be pasted on Checklist				

DECLARATION

I, hereby declare and certify that all the statements made in the Checklist above are true and correct to the best of my knowledge and belief. If, any of the particulars furnished by me are found to be incorrect or suppressed my candidature is liable to be rejected at any stage during or after selection process.

Date:

Place: New Delhi

(Signature of the Candidate)

(For Office use only)

The particulars furnished by Sh./Smt. _____

Roll No. _____ in checklist have been checked and found correct except the followings discrepancy (ies):-

1. _____

2. _____

3. _____