



# Lady Hardinge Medical College

*100 Glorious Years of Excellence*  
1916 - 2016



F. NO. 7/SR/Appointment/2021,  
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

### WALK-IN-ASSESSMENT

Walk-in-Assessment will be held for the appointment of Senior Resident on tenure basis in the following specialties on dates mentioned against each specialty: -

SL No	Name of the department	Number of vacant posts	Category Wise break up					Date of Registration & Written Exam	Date of Assessment(interview)
			SC	ST	OBC	UR	EWS		
1.	Anesthesia	14	02	01	03	06	02	08.09.2021	09.09.2021 (10.30 am)
2.	Medicine	15	02	00	03	08	02	09.09.2021	10.09.2021 (10.30 am)
3.	Neurology	06	0	0	03	02	01	09.09.2021	10.09.2021 (10.30 am)
4.	Pediatrics Medicine*	30*	04	03	09	09	05	10.09.2021	13.09.2021 (10.30 am)
5.	Surgery	07	01	01	01	02	02	13.09.2021	14.09.2021 (10.30 am)
6.	Obstetrics & Gynecology	17	04	02	04	04	03	14.09.2021	15.09.2021 (10.30 am)
7.	Orthopedics	05	01	01	01	01	01	15.09.2021	16.09.2021 (10.30 am)
8.	Radio diagnosis	04	0	01	0	03	0	16.09.2021	17.09.2021 (10.30 am)
9.	Radiotherapy	03	0	0	02	01	0	16.09.2021	17.09.2021 ((10.30 am)
10.	Ophthalmology	07	01	0	02	03	01	17.09.2021	20.09.2021 (10.30 am)
11.	Dermatology	03	0	01	0	02	0	20.09.2021	21.09.2021 (10.30 am)
12.	TB & Chest Disease	01	0	0	01	0	0	20.09.2021	21.09.2021 (10.30 am)
13.	PMR	01	0	0	0	01	0	20.09.2021	21.09.2021 (10.30 am)
14.	Forensic Medicine	02	01	0	0	01	0	20.09.2021	21.09.2021 (10.30 am)
15.	Psychiatry	03	0	01	0	02	0	21.09.2021	22.09.2021 (10.30 am)
16.	Pharmacology	02	0	0	01	01	0	21.09.2021	22.09.2021 (10.30 am)
17.	Physiology	04	0	0	02	01	01	21.09.2021	22.09.2021 (10.30 am)
18.	Pathology	06	0	0	02	03	01	22.09.2021	23.09.2021 (10.30 am)
19.	Biochemistry	02	0	01	0	01	0	22.09.2021	23.09.2021 (10.30 am)
20.	Microbiology	01	0	0	01	0	0	23.09.2021	24.09.2021 (10.30 am)
21.	Anatomy	04	01	0	01	02	0	23.09.2021	24.09.2021 (10.30 am)
22.	Community Medicine	03	0	0	01	02	0	23.09.2021	24.09.2021 (10.30 am)
23.	Dental (OBC post-MDS (Orthodontist/ oral surgery and UR post-MDS Conservative Dentistry & Endodontics)	02	0	0	01	01	0	24.09.2021	27.09.2021 (10.30 am)
24.	Total	142	17	12	38	56	19		

\* 05 posts ( 01-SC, 01ST, 01OBC, 01.EWS, 01-UR) are for Paediatrics Nephrology (a unit of Paediatrics Department)

- i. The numbers of vacant posts indicated above are provisional and subject to the change without any notice.
- ii. 21 vacancies (including 06 carried forward reservation + 10 backlog vacancies + 05 current vacancies) are reserved for persons with Disability who suffer from not less than 40% of disabilities [OL, OA (nonsurgical)]. In case of non-availability of suitable person with disabilities the carried forward reservation against 06 vacancies & 10 Backlog vacancies shall be filled by a person other than a person with disabilities. Where in any recruitment year any vacancy earmarked for EWS category cannot be filled up due to non-availability of a suitable candidates belonging to EWS, such vacancies for that particular recruitment year shall not be carried forward to the next recruitment year as backlog .
- iii. For more details regarding eligibility criteria, other terms & conditions and application form, please visit our official website <http://lhmc-hosp.gov.in>.

Deputy Director (Admn.)



1. **Eligibility:**  
**For SRs in all Dept.**

MBBS with PG degree /diploma in the concerned specialty from a recognized university (as well as Specialty recognized/ permitted by MCI) and should be registered with Delhi Medical Council or applied for registration (proof required). The candidate should have completed the tenure of PG Degree/Diploma on or before the date of registration.

**Eligibility for Neurology:**

MBBS with MD(Medicine/General Medicine) from a recognized university (as well as Specialty recognized/ permitted by MCI) and should be registered with Delhi Medical Council or applied for registration (proof required). The candidate should have completed the tenure of PG Degree/Diploma on or before the date of registration.

**Eligibility for Dental & Oral Surgery:**

The candidates should be Graduate with BDS degree, having three years MDS (Orthodontist/oral surgery or Conservative Dentistry & Endodontics) specialty, the degrees recognized/permitted by DCI should be registered with DDC or applied for registration.

2. **Pay Scale:** Pay Matrix Level number 11 (Rs.67,700/- to Rs. 2,08,700/- ) as per 7th CPC + other allowances as admissible under the residency scheme notified by the Ministry of Health & Family Welfare.
3. **Age Limit:** Not exceeding **45 years** (relaxable by 5 years for SC/ST candidates, 3 years for OBC Candidates. Age Relaxation of 10 years for persons with disability (15 years for SC/ST and 13 years for OBC Candidates).
4. **Reservation:** All Reservations will be considered in the above posts strictly in accordance with prescribed norms/rules as prescribed by Govt. of India.

Note:

- i. SC/ST Candidates must bring community/caste certificate in the prescribed format of Govt. of India.
- ii. Candidates seeking reservation as OBC candidates are required to submit certificate regarding OBC Status & Non Creamy Layer status as per the prescribed format issued by Govt. of India. **The OBC Certificate has been issued not earlier than one year from the date of Registration. The Sub-Caste should match with the entries in Central Govt. List of OBC, failing which their candidature will not be considered under any of the applied reserved category and will be treated as UR.**
- iii. For persons with Disabilities the physical requirements are
  - A) Medical / Surgical Department :S-can perform work by sitting, ST-can perform work by standing, W-can perform work by walking, SE-can perform work by seeing, H-can perform work by hearing/speaking, RW-can perform work by reading and writing.
  - B) For Dental Department :S-can perform work by sitting, ST-can perform work by standing, SE-can perform work by seeing, RW-can perform work by reading and writing, C- can perform work by communication, BN- can perform work by bending, MF- can perform work by manipulating fingers.
  - C) Persons with disability to produce a Medical Certificate issued by a **Govt. Hospital/Institution at the time of scrutiny).**
- iv. Reservation for Economically Weaker Sections (EWS's) shall be applicable as per Govt. of India Policy vide Office memorandum No. 36039/1/2019-Estt(Res) dated 19.01.2019 and 31.01.2019:  
EWSs Candidates will attach certificate issued by the competent authority in the form prescribed as per annexure-The benefit of reservation under EWS can be availed upon production of an income and Assets Certificate issue by a Competent Authority in the prescribed format **annexure-II.**

5. **Mode of selection:** The selection will be made on the basis of consolidated marks obtained in both i.e. written examination and interview.

6. **Terms & Condition of Recruitment:**

- i. **Eligible candidates will present themselves for registration at 10.30 am to 11.30 am in Convocation Hall** (near Director Office) on the day specified for written test of the particular specialty along with all relevant documents in original together with self-attested copies of all documents in support of their candidature for the post, two passport size photographs and complete Bio Data duly filled and a photo ID. Separate applications along fee are required to be submitted for each specialty. No application of candidate will be received after 11:30 A.M. A MCQ





## Application form for Senior Residency Scheme in LHMC & Associated Hospital

To  
The Director, LHMC & Associated Hospital,  
New Delhi-110001

Application form for the post of Senior Resident in the Department of \_\_\_\_\_

Affix passport  
Size photograph  
Attested by  
Gazette officer

1. Name of the applicant (In Capital letters) : \_\_\_\_\_
2. Name of the applicant in Hindi : \_\_\_\_\_
3. Sex(Male/Female) : \_\_\_\_\_
4. Date of Birth & Age : \_\_\_\_\_
5. Category (SC/ST/OBC/ EWS/GEN) : \_\_\_\_\_
6. Whether Divyang (PWD) (write Yes or No) : \_\_\_\_\_
7. Father's/Husband's Name : \_\_\_\_\_
8. Nationality : \_\_\_\_\_
9. Residential Address (In Capital Letters) : \_\_\_\_\_  
\_\_\_\_\_
10. Permanent Address (In Capital Letters) : \_\_\_\_\_  
\_\_\_\_\_
11. Tick correspondence address:
 

Residential	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
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12. Particulars of exam passed (MBBS/BDS and Onwards)

Name of Examination	Month & Year of Passing	Class/Division	No. of attempts	Name & place of the Institute/College	Name & place of the University
MBBS/BDS					
MD/MS/DNB/Diploma					

13. Mobile No. : \_\_\_\_\_
14. E-mail : \_\_\_\_\_
15. Aadhar No. : \_\_\_\_\_
16. PG QUALIFICATION/SPECIALTY/DISCIPLINE : " \_\_\_\_\_"



17. Whether obtained any position in the university, if so, a copy of the attested certificate to be enclosed:
18. Prize /Medals /Publications /Conference Attended etc, if any (copies of attested certificate to be enclosed):
19. Extra-Curricular activities, if any (copies of attested certificate to be enclosed)
20. Previous Experience, if any, details thereof:
21. Experience after MBBS :
22. Experience after PG :
23. Whether at present employed if so, details of employment and date of joining etc. to be mentioned :

Name of employer	Designation	Pay Scale	Nature of duties	Period of stay		Last pay drawn	Reason for leaving
				From	to		

24. Permanent DMC/DDC Registration No.: (i) Yes  Reg. NO. \_\_\_\_\_  
(ii) No  Acknowledgment registration no. \_\_\_\_\_

25. CHECK LIST (PLEASE ENCLOSE CERTIFICATE IN THE FOLLOWING ORDER AND TICK IN THE BOX GIVEN BELOW AS PROOF OF ENCLOSURES)

Permanent DMC/DDC Registration Certificate-MD/MS/DNB/MDS/PG Diploma	Secondary School Certificate ( 10 <sup>th</sup> class)	Payment (transaction receipt)	MBBS Mark-Sheet	Internship Completion Certificate	MBBS Degree
MD/MS/DNB/Mark-sheet	MD/MS/DNB/MDS/PG Diploma Degree	EWS/PWD/Caste Certificate, if applicable	Admit Card (duly filled)	Whether self-attested photocopies of Certificate/Degree are enclosed with applicant	

**26. UNDERTAKING:**

I solemnly verify and declare that the above-mentioned statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, my candidature shall stand cancelled and the authorities of LHMC & Assoc. Hospital may take necessary action against me.

Dated:

Signature of Candidate

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS  
NEW DELHI-110001

**Senior Resident (Admit Card)**  
(To be filled by the Candidate)

Name (In BLOCK LETTERS)	
NAME IN Hindi	
Date of Birth	
Category (General, OBC, SC, ST, EWS)	
Whether Divyang (PWD) (Write Yes / NO)	
Sex	
Father's/Husband's Name	
Post Applied For (Write SPECIALITY)	
<b>Roll No ( To be allotted &amp; filled by this Institute)</b>	

Signature within the box

Chairman/Member of Scrutinize Committee

Deputy Director (Admn.)

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS  
NEW DELHI-110001

**Senior Resident (Admit Card)**  
(To be filled by the Candidate)

Name (In BLOCK LETTERS)	
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Sex	
Father's/Husband's Name	
Post Applied For (Write SPECIALITY)	
<b>Roll No ( To be allotted &amp; filled by this Institute)</b>	

Signature within the box

Chairman/Member of Scrutinize Committee

Deputy Director (Admn.)

Annexure-I/

Government of .....  
(Name & Address of the authority issuing the certificate)

~~INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS~~

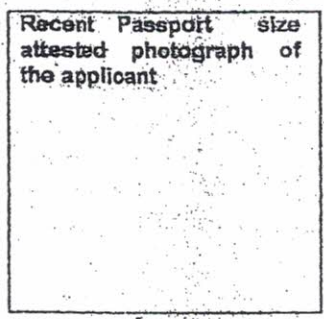
Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her family\*\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\*:

- I. 5 acres of agricultural land and above;
  - II. Residential flat of 1000 sq. ft. and above;
  - III. Residential plot of 100 sq. yards and above in notified municipalities;
  - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_



\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

*G. Prasad*



## Annexure- III

### Payment through Bharat Kosh

#### 1<sup>st</sup> stage payment purpose

Select individual in purpose

Click on search Tab in purpose

Select Health and Family welfare in ministry Tab

Click on Blue search Tab

Go to page no. 2

Select OTHER RECEIPTS

Drawings & Disbursing Officer (DDO)  
Select 221722- Principal, LHMC & Smt.  
Sucheta Kriplani Hospital, New Delhi-1

Write amount in amount Tab

In remarks mention the post which you are applying

Click on Add

Click on Next

#### 2<sup>nd</sup> stage Depositors Details

Enter all necessary Details

Select the payment mode (any one)

Online

RTGS/NEFT

Click on Next

#### 3<sup>rd</sup> stage confirm info

Check all the details carefully

Click on confirm

#### 4<sup>th</sup> stage Pay

Select any Payment Gate

Payment option: Net banking, Debit or Cr

After successful transaction,  
print out of the receipt