## GOVT. OF N.C.T. OF DELHI MAHARISHI VALMIKI HOSPITAL POOTH KHURD, DELHI-110039.

ii)/2/MVH/2020/4638-42

Dated: - 21/6/24

NOTICE FOR SELECTION OF JUINIOR RESIDENT (DENTAL) REGULAR/ADHOC

Applications are invited (attached herewith) from Indian Nationals to conduct Walk In Interview for the appointment of Junior Resident [Dental] under Residency Scheme in this hospital on Regular Basis and adhoc basis one post each initially for a period of Six months regular basis and 89 days on adhoc basis respectively or till regular incumbent joins whichever is earlier subject to receipt of satisfactory work & conduct report.

#### 1. VACANT POSTS

### A. JUNIOR RESIDENT [DENTAL]

Gen	ОВС	SC	ST	Total	Remarks	Date of Interview of eligible candidates
1	_	. =	1-	1	On Regular Basis	02-07-2024
1	-	-	-	1	On Adhoc Basis for 89 days or till the regular incumbent joins whichever is earlier	02-07-2024

### 2. ELIGIBILITY FOR THE POST OF JUNIOR RESIDENT [DENTAL]

- A. **Qualification:-** BDS degree from recognized university/institute. Must not have completed six months Junior Residency in any recognized/Govt. institute/hospital in India on Regular or Adhoc basis.
- **B.** Age:- Below 30 years as on **02-07-2024**.
- C. **Pay Scale:** Basic of Rs. 56100/- in Pay Matrix 10 of 7th CPC plus other allowances as admissible.
- D. Internship:- Must have completed internship after <u>02-07-2022</u>
- E. Must be registered with Delhi Dental Council. Candidates registered with any State Dental Council will also be considered for interview. However, such candidates shall have to register themselves with Delhi Dental Council.

#### CONDITION FOR RECRUITMENT:

- 1. All the eligible candidates should report in the office of the undersigned at 9:30 A.M. [Time for enrollment from 9:30 AM to 11.30AM only) on the day of interview. No candidate will be entertained after 11:30 AM.
- 2. The appointment and services shall be governed under Residency Scheme or any other extant order/circular issued by Health & Family Welfare time to time.
- 3. No TA/DA & Accommodation for stay in Delhi will be paid/provided for appearing for Interview.
- 4. The period for which a candidate has already worked in any Govt. Hospital as Junior Resident (Dental) will be deducted from the maximum period of one year of Junior Residency. Those who have already worked for a period of one year in any Govt. hospitals are not eligible.

- 5. Persons with disabilities shall be accorded relaxation orders/circulars/rules.
- 6. Hostel accommodation is compulsory for Junior Residents.
- 7. Original documents are to be produced at the time of interview.
- 8. The list selected candidates of will be available on the website www.health.delhigovt.nic.in under "vacancy and result". No correspondence/personal enquiries shall be entertained.

9. Candidates are advised to ensure that they fulfill the eligibility criteria as

mentioned in the advertisement before appearing the interview.

Other service conditions will be applicable as per service conditions prescribed from time-to-time by the Govt. of NCT of Delhi.

Jurisdiction of Dispute- In case of any legal dispute the jurisdiction of court

will be Delhi/New Delhi.

- 12. Application form is attached herewith this Notice for Walk In Interview further no such application form shall be provided at the time of Walk In Interview.
- Check list for arranging/annexing requisite documents along with application form 13. is also annexed herewith in following order:-
  - 1. Date of Birth Certificate (10th Class)
  - 2. Registration Certificate Dental Council of India/State Dental Council.

3. BDS Degree.

- 4. Attempt Certificate
- 5. Internship Completion Certificate.

6. Marks-Sheets of all four years.

7. Aadhar Card/Voter Card/Driving Licence/Valid Passport.

Details application format can be downloaded from the website www.health.delhigovt.nic.in "under vacancy & result".

(DR. AMIT SHOKEEN)

DY. MEDICAL SUPERINTENDENT/H.O.O

Dated:-

F.1(1-ii)/2/MVH/2020/4638-42 Copy to:-

1. The Directorate General, Directorate General of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi.

2. Programmer, Directorate General of Health Services, Delhi, progdhs.delhi@nic.in with the request to up load the above notice on the website.

3. P.A. to M.S. email the same.

4. C.T. Branch with the direction to make to suitable necessary arrangement

5. All Notice Boards.

(DR. AMIT SHO DY. MEDICAL SUPERINTENDENT/H.O.O

# GOVT. OF NCT OF DELHI MAHARISHI VALMIKI HOSPITAL POOTH KHURD, DELHI-110039.

PPLIED FOR] ECIALITY:	TO FILL T	HE APP	LICATION FOR	M IN CAPITAL LETTER	 S O
<ol> <li>NAME OF THE AP</li> <li>FATHER'S/HUSBA</li> <li>ADHAAR No.</li> <li>DATE OF BIRTH</li> <li>PERMANENT ADD</li> </ol>	PLICANT AND'S NAM				
6. ADDRESS FOR CO	RRESPONE	DENCE:			
3. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QU	JALIFICAT YEAR	ION AF		ATION:_	
7. MOBILE NOS. 8. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QUEXAM PASSED		ION AF		ATION:_	J
3. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QU		ION AF	 ΓER MATRICUL.	ATION:_ NO. OF ATTEMPTS IN	7
3. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QU		ION AF	 ΓER MATRICUL.	ATION:_ NO. OF ATTEMPTS IN	7
3. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QU		ION AF	 ΓER MATRICUL.	ATION:_ NO. OF ATTEMPTS IN	7
3. Email ID 9. CATEGORY 10. Nationality 11. EDUCATIONAL QU		ION AF	 ΓER MATRICUL.	ATION:_ NO. OF ATTEMPTS IN	7

13. REGISTRATION NO. AND DATE OF REG. IN DELHI MEDICAL COUNCIL  14. HOSTEL ACCOMODATION REQUIRED [IN CASE OF SENIOR RESIDENT]  15. ADDITIONAL INFORMATION/EXPERIENCE I solemnly declare that the above statement knowledge and nothing has been concealed the second	to me a 1 - 1
Copies of Relevant Documents are to be <u>STRICTL</u> )	attached in the following order:
CERTIFICATE	
	Please Mark Tick against relevant
Date of Birth Certificate (10th Class)	column
Registration Certificate Dental Council of India/State Dental Council.	
BDS Degree.	
Attempt Certificate	
Internship Completion Certificate	
Marks-Sheets of all four years	
Aadhar Card/Voter Card/Driving	
Licence/Valid Passport	
Any other relevant certificate	
Experience Certificate If any	
Date:-	Signature of candidate