

**NOTICE**  
**NORTHERN RAILWAY**  
**OFFICE OF THE MEDICAL DIRECTOR, NORTHERN RAILWAY CENTRAL HOSPITAL,**  
**BASANT LANE, NEW DELHI-110055**

File No: E/Med/SR/74/13

Advt .No. NRCH/SR/2013/001

Dated: 18 . 07.2013

**ENGAGEMENT OF SENIOR RESIDENTS**

Applications are invited from eligible candidates for engagement to the post of Senior Resident under Senior Residency Scheme at Northern Railway Central Hospital, New Delhi.

(Detailed advertisement with terms & conditions , format of Application form , Affidavit is available on Northern Railway website [www.nr.indianrailways.gov.in](http://www.nr.indianrailways.gov.in) under head News & Recruitment Info.

The applications should be filled on a A4 size paper , in the prescribed format & should be complete with all the requisite Enclosures .

The applications complete in all respects should be sent in a Sealed envelope by Speed Post (of India Post , Govt of India) / be submitted in person so as to reach **“The Office of The Medical Director, Room No. 26, NORTHERN RAILWAY CENTRAL HOSPITAL, BASANT LANE, NEW DELHI-110055”** on or before **05.08.13 by 16.00 hrs.**

**\* Applications received after the closing date & time i.e. 05.08.13 .16.00 hrs will not be accepted.**The Date and Time of the WALK-IN-INTERVIEW for the shortlisted candidates from the list of candidates found eligible for each Specialty after scrutiny of applications received will be informed to the respective candidates through **Speed Post at their address for communication** mentioned in the applications & through **E-Mail at the E-Mail I/D** provided by them.

The candidates called for interviews will also be required to submit the Affidavit as per format available with this advertisement on the website & bring it on the day of their interviews.

The vacancy status is as under (\*may vary due to administrative reasons):

S.N.	SPECIALITY	SC	ST	OBC	UR	TOTAL
1.	MEDICINE	-	-	01	01	02
2.	SURGERY	01	-	-	01	02
3	ORTHOPEADICS	-	-	01	01	02
4.	ANESTHESIA	-	01	-	01	02
5.	PEDIATRICS	-	-	01	01	02
6.	ONCOLOGY	01	-	-	-	01
7.	OPHTHALMOLOGY	-	-	01	01	02
8.	PATHOLOGY	01	-	-	01	02
9	OBST. & GYNAE	-	-	01	01	02
10	ENT	-	01	-	01	02
	<b>TOTAL</b>	<b>03</b>	<b>02</b>	<b>05</b>	<b>09</b>	<b>19</b>

**Eligibility Criteria:-**

**(a)EducationalQualification:**

- (i) Post Graduate Degree in the Specialty, recognised by MCI & having passed on or before 31-07-2013  
(ii) Post Graduate Diploma in the Specialty, recognised by MCI & having passed on or before 31-07-2013  
(iii)SR-ONCOLOGY :- Candidates should be MS/ Genl. Surgery.  
(iv) ONLY If candidates with PG Qualification are not available in a particular specialty, those without PG qualification but having at least three years experience in the specialty after MBBS out of which one year Junior Residency from a Government Hospital in the concerned specialty, can be considered.  
NOTE: Preference will be given to Post Graduate Qualification holders.

**(b)Registration:** Candidates must have a valid registration with Medical Council of India (MCI) /Delhi Medical Council (DMC) /State Medical Council. For candidates not having Registration with Delhi Medical Council (DMC), they will have to apply to Delhi Medical Council for registration, before joining. The proof regarding the same will have to be submitted at the time of joining.

**(c)Age Limit:** Age as on the date of Advertisement

- General/UR - 33 years
- OBC/SC/ST - 38 years

**(d)Tenure:** Initial appointment will be for One Year only. This would be extendable to a total maximum period of three (03) years in the form of subsequent 2 annual extensions, subject to satisfactory work, conduct & performance.

Termination of appointment can be done on one month notice or pay from either side.

**(e)Admissible Emoluments:** Pay Band (PB3)- Rs.15,600-39,100/-, Grade Pay Rs. 6,600/-and other allowances as admissible for Senior Residency Scheme under Ministry of Railways.

**General Instructions:-**

1. All the columns in application form must be filled properly as applications with incomplete/incorrect information are liable to be rejected summarily.
2. All the required certificates duly self attested & attested by gazetted officer must be attached with the application. The candidates must have their Original Certificates, Publications with them at the time of interview for verification by the office staff & to be shown to the Members of Selection Board if they desire so.
3. Please Note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment as well as legal action under the relevant provisions of Indian Penal Code (IPC).
4. Enclosures as mentioned in the application form at Column-F are to be attached with the application
5. SC/ST candidates are required to submit their caste certificate (issued before the date of submission of their applications or within the last 3 years) issued only by the Authorised Competent Authority of the State Govt / Govt of India.
6. OBC candidates are required to submit their caste certificate (issued before the date of submission of their applications & within the last ONE year only, duly mentioning about the Creamy Layer status) issued only by the Authorised Competent Authority of the State Govt/Govt of India.
7. No application fee will be charged from ANY Candidate.
8. Candidates already having done 3 (Three) years Senior Residency in any other institution need not apply.
9. No TA/DA will be paid for appearing in the interview
10. List of the selected candidates will be displayed on the notice board. The offer of appointment will also be sent to the selected candidates by E-Mail & by SPEED POST.
11. The selected candidates will have to report for duty within a period of 10 days from the date of issue of the letter of offer. Candidature may be cancelled in case of non compliance for reporting in prescribed time.
12. All the selected candidates will have to produce & deposit their original certificates at the time of joining. Any discrepancy may invite cancellation of appointment and legal action as per the rules.

**The Decision of the Selection Board will be final.** In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

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**MEDICAL DIRECTOR**

**APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF \_\_\_\_\_**

Ref: File No: E/Med/SR/74/13 , Advt .No. NRCH/SR/2013/001

To,  
The Medical Director  
Northern Railway Central Hospital,  
Basant Lane ,New Delhi

PASTE A PASSPORT SIZE COLOR  
PHOTOGRAPH, SELF ATTESTED  
WITH DATE

**A. PERSONAL DETAILS-** (ANY SUPPRESSION OF FACTS OR FALSE INFORMATION WILL LEAD TO CANCELLATION OF CANDIDATURE)

1.Name (BLOCK LETTERS) \_\_\_\_\_

2. D.O.B. \_\_\_\_\_ 3. Age on 31.7.2013: \_\_\_\_\_ (Yrs). 4. Category UR/OBC/SC/ST) \_\_\_\_\_

5.Father's Name ,Address Occupation \_\_\_\_\_

6. Marital Status \_\_\_\_\_ 7. Husbands/Wife's Name \_\_\_\_\_

8. Husbands/Wife's Occupation & Official Address \_\_\_\_\_

9.Present Address & Mailing Address (BLOCK LETTERS) \_\_\_\_\_

10 .Permanent Address (BLOCK LETTERS) \_\_\_\_\_

**B. Means of Communication :**

1. E.Mail Address (in BLOCK LETTERS): \_\_\_\_\_

2. Mobile No: \_\_\_\_\_ 3. Landline No (with STD Code) \_\_\_\_\_

**C. IDENTIFICATION DETAILS : (Sr. No. 1 to 3 are essential )**

1. PAN CARD No. \_\_\_\_\_ Date of Issue & validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_

2. VOTER I/D No. \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_

3 . ADHAAR CARD No.: \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_

4. PASSPORT No. \_\_\_\_\_ Date of issue & Validity \_\_\_\_\_  
Issuing Authority \_\_\_\_\_  
(PI give a declaration if a Passport has not been issued till now)

Signature of Candidate

Dated : \_\_\_\_\_

Place \_\_\_\_\_

## D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

### 1. GRADUATION DEGREE

1	Medical College, University & State	MBBS Exams Passed in Year	Marks obtained / Total Marks	% Of MARKS	Attempts in MBBS	INTERNSHIP COMPLETION
		1 <sup>st</sup> Prof: / 2 <sup>nd</sup> Prof: / 3 <sup>rd</sup> Prof: / 4 <sup>th</sup> Prof: / Final Passing Out in Year	/ / / / Grand Total__ Out of ____ NBE MARKS Marks /Out of	Ist Prof % ____ IInd Prof % ____ 3 <sup>rd</sup> Prof % ____ 4 <sup>th</sup> Prof % ____ Total % ____ Total% ____ (NBE)	Total No of Attempts :	<u>Institution</u>  <u>Date</u>
2.	Details of Post MBBS Experience till Today	TYPE OF RESPONSIBILITIES	DATES	TOTAL PERIOD	1. Publications with Details, if ANY 2. CONFERENCES ATTENDED in Last 1 year	

### 2. POST GRADUATE DEGREE / DIPLOMA ( Must have passed on or before 31-07-2013)

3	INSTITUTION, UNIVERSITY & YEAR OF PASSING	PERIOD OF TRAINING WITH DATES	Subject & Total No. of Attempts	Marks Obtained & %	Details of Publications, Papers Presented During P.G. etc.

### 3. DETAILS OF POST DEGREE / DIPLOMA Experience till today.

4	NAME & ADDRESS OF INSTIUTION	TOTAL PERIOD WITH DATES	NATURE OF JOB RESPONSIBILITIES HELD	1.Details of PUBLICATIONS, PAPERS Presented after PG etc. 2. CONFERENCES ATTENDED IN LAST 1 year

### E. REGISTRATION DETAILS

MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	DELHI MEDICAL COUNCIL ( <i>proof of having applied for DMC Registration is a must before the joining</i> )
<u>MCI &amp; STATE M.C.-</u> Regn No: Date:	<u>DELHI M.C</u> Regn No: Date:
REMARKS	REMARKS

**F. Details of Certificates** : Copies of Documents duly self attested & attested by A Gazetted Officer ( Stamp should bear the Name & Designation of the Officer) to be submitted with application form ( from S.No.1 to 20 ):

S.No	TYPE OF DOCUMENT SUBMITTED	Whether Submitted (write yes / No)	If NO , Give Reasons there for	Remarks ( By the Scrutinizing Official
1.	Date of Birth Certificate			
2.	Marks sheets of MBBS (all prof)			
3.	Degree Certificate of MBBS			
4.	MBBS Attempt Certificate			
5.	Internship Completion Certificate			
6.	MCI/STATE Registration Certificate.			
7.	DMC Registration Certificate			
8.	Caste Certificate (OBC/SC/ST) issued by the competent authority (as applicable)			
9.	Degree Certificate (MCI recognized only)			
10.	Diploma Certificate (MCI recognized only)			
11.	Degree / Diploma Attempt Certificate			
12.	Experience Certificate			
13.	Conference Certificate			
14.	Publications & Details			
15.	PAN CARD			
16.	VOTER ID			
17.	ADHAR CARD			
18.	PASSPORT,			
19.	Proof of Present Address.			
20.	Proof of Permanent Address.			

### F. DECLARATION

- I, Dr. (Mr/Ms.) \_\_\_\_\_ s/d/o \_\_\_\_\_ hereby solemnly declare that statements made above by me are correct & true to the best of my knowledge and belief.
- Further, I do undertake that the above statements, if found false at any stage in future, my appointment shall be cancelled by the administration and I shall be liable for punitive / disciplinary action whatever deemed fit.
- I understand that applying for Registration with Delhi Medical Council is an essential requirement before joining . I undertake to apply for DMC Registration immediately & will submit the same before my joining at Northern Railway , Central Hospital , New Delhi
- The Decision of the Selection Board will be final. In case of any legal dispute the jurisdiction of court will be Delhi/New Delhi only.

Date: \_\_\_ Month \_\_\_ Year \_\_\_\_\_

Place:

Signature of candidate

(Name: \_\_\_\_\_ )

**FORMAT FOR AFFIDAVIT (On Non judicial Stamp Paper of Rs.10/- & attested by NOTARY PUBLIC)**  
**(TO BE SUBMITTED AT THE TIME OF INTERVIEWS ONLY)**

I, Dr. \_\_\_\_\_ S/D/W/O Sh. \_\_\_\_\_ R/O \_\_\_\_\_ have applied for Engagement as SENIOR RESIDENT in the department of \_\_\_\_\_ Northern Railway Central Hospital, New Delhi. I do solemnly affirm & declare as under

1. That My date of Birth is \_\_\_\_\_. My age on 31.07.2013 is \_\_\_\_\_.
2. I belong to UR / SC / ST / OBC (Non Creamy Layer) Category . I possess the requisite Certificate for ..... Category which has been issued by the Competent Authorised signatory.
3. That I have passed my MBBS Exam from \_\_\_\_\_ Medical College , University of \_\_\_\_\_ , Dt. Month & year which is recognised by the Medical Council of India
4. That I am registered with \_\_\_\_\_ STATE Medical Council / Medical council Of India vide registration No..... dt.: ..... valid upto.....
5. That I am registered with Delhi Medical Council vide registration No..... dt.: .....valid upto .....
6. That I have passed my Post Graduate Diploma / Degree Exam in the Speciality of \_\_\_\_\_ from \_\_\_\_\_ Medical College , University of \_\_\_\_\_ , Dt. Month & year , which is recognised by Medical Council of India.
7. That my PAN CARD No is ..... issued by .....on dt /
8. That my VOTER ID is ..... issued by ..... on dt .
9. That my ADHAAR CARD No is ..... issued by .....on dt /
10. That my Passport No is ..... issued by ..... on dt , valid upto / I have never been issued a passport
11. No Police Case or any Legal litigation has ever been registered against me.
12. That I give my consent to maintain discipline , remain punctual and observe the working practices, culture and schedule of the respective Departments & as per the Guidelines issued by Medical Director /NRCH. I shall also follow all the instructions issued by the Hospital administration from time to time as are essentially required for providing adequate patient care & smooth functioning of the hospital,
13. That I shall not engage myself in any kind of private practice/ consultancy outside the NRCH during my period of engagement , and shall devote my full time in the patient care and academic activities at Northern Railway Central Hospital New Delhi.
14. That During the validity of my engagement period, Railway Administration reserves the right to terminate my engagement for my any act misconduct without assigning any reason whatsoever.
15. That I shall not engage myself in any agitations/ illegal activities which are against Railway rules & which disrupt patient care & management . Any such activity by me will make me liable to termination of my engagement.
16. That I will follow all the rules of the Railway Administration as issued from time to time.
17. That I shall pay the amount of any damage/loss incurred to the Railway Administration/Property due to any act of negligence by me .
18. That In the interest of patient care & Hospital Administration, if required I shall serve in any place / in any capacity as directed by the Competent authority. My refusal to do this will invite disciplinary action.
19. That I shall not seek any employment / consultancy services without proper information to the department & obtaining requisite permission from the competent Hospital administration for the same.
20. That Since my engagement would involve Patient care & Professional /Services at this hospital , I give my willingness for providing these services at this Institution . After joining , I'll not be leaving the institution without completing the total period of Appointment or giving proper advance intimation as per rules.

Deponent

**Declaration:** I solemnly declare that the above facts & statements made by me are correct & true to the best of my knowledge and belief. That no fact has been hidden or concealed

Further, I do undertake that if above statement are found false at any stage in future, my engagement may be terminated by the administration and I shall be liable for disciplinary , legal & Penal action whatever deemed fit.

Deponent

