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. The applications should be filled in on an A4 Size Paper, in the prescribed format and complete with all the requisite enclosures. The Date and Time of the Walk in Interview is specified against each Specialty. Any request for a change in dates will not be entertained. Candidates should report with Application form duly filled in and signed along with self attested copies of all the requisite documents in Auditorium, 1st Floor, Academic Block, Northern Railway Central Hospital, New Delhi on the Date of Walk in Interview date at 8.30 A.M. They must carry with them all the Documents in ORIGINAL & produce the same for verification.

Selection will be through the process of Walk-in Interview basis. After verification of documents, only those candidates who are found eligible will be allowed to appear for the interview. All documents have to be produced in ORIGINAL at the时间 of Interviews along with the self attested copies. The vacancy status & the dates for WALK IN INTERVIEW are as below.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Specialty</th>
<th>Category</th>
<th>Date &amp; Time of Walk in Interview</th>
<th>PLACE &amp; REPORTING TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ANESTHESIA</td>
<td>SC-01, UR-01</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>2</td>
<td>ENT</td>
<td>SC-01, OBC-01</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>3</td>
<td>GENERAL MEDICINE</td>
<td>UR-05, OBC-04, ST-01, EWS-01, SC-1</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>4</td>
<td>GENERAL SURGERY</td>
<td>EWS-01, UR-02, OBC-01, ST-01</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>5</td>
<td>MICROBIOLOGY</td>
<td>UR-01</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>6</td>
<td>OBS &amp; GYNAE</td>
<td>UR-01, OBC-01</td>
<td>28.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>7</td>
<td>ONCOLOGY</td>
<td>UR-01</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>8</td>
<td>OPHTHALMOLOGY</td>
<td>OBC-01</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>9</td>
<td>ORTHOPAEDICS</td>
<td>SC-01</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>10</td>
<td>PATHOLOGY</td>
<td>UR-02</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>11</td>
<td>PEDIATRICS</td>
<td>OBC-01</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
<tr>
<td>12</td>
<td>RADIOLOGY</td>
<td>UR-02</td>
<td>29.01.2021</td>
<td>AUDITORIUM, CENTRAL HOSPITAL 8.30 A.M. to 11:00 A.M.</td>
</tr>
</tbody>
</table>

If the Number of candidates are more, then interviews may have to be continued on next date.

COVID-19 ALERT
MAINTAIN SOCIAL DISTANCING, WEAR MASK, BE SAFE

Cont
Eligibility Criteria:-

(A) Educational Qualification:
(i) Post Graduate Degree recognised by MCI/NBE in the concerned Specialty.

(ii) Post Graduate Diploma recognised by MCI/ NBE in the concerned Specialty.

(iii) SR-ONCOLOGY: Candidates should be DM or DNB oncology/onco-surgery or MS surgery or DNB Surgery with one year experience in Oncology.

(iv) The candidate should have completed the tenure of PG Degree/ Diploma before the date of interview.

(v) For SR selection in all specialties, If candidates with PG qualification are not available in a particular specialty, candidates without having PG qualification but having at least three years experience after MBBS, out of which one year of Junior Residency from a Government Hospital(300 beds or more) or MCI recognized/NBE accredited private hospital(300 beds or more) in the concerned specialty, can be considered for a period of one year only.

(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 notification 15.01.2021 shall be as under:

<table>
<thead>
<tr>
<th>Category</th>
<th>Regular age Criteria</th>
<th>Age relaxation - In Case of non availability of candidates with age limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/UR</td>
<td>37 years</td>
<td>40 yrs</td>
</tr>
<tr>
<td>OBC</td>
<td>40 years</td>
<td>43 yrs</td>
</tr>
<tr>
<td>SC/ST</td>
<td>42 years</td>
<td>45 yrs</td>
</tr>
</tbody>
</table>

(D) Tenure: Initial appointment will be till 17.08.2021. (Current validity of SR scheme with RB approval). It will be extended to one year subject to further approval of Railway Board. This would be extendable to a total maximum period of Three (03) years in the form of subsequent Two(2) annual extensions, subject to satisfactory work, conduct & performance.

Termination/ Resignation of engagement can be done on one month prior notice or payment of one month salary from either side.

(E) Pay Scale: Matrix Level -11 (Rs.67700-208700) revised pay as per 7th CPC at entry level. Allowances as admissible will be paid.

(F) General Instructions:-

1. All the columns in application form must be duly filled properly. Applications with incomplete/incorrect information are liable to be rejected summarily.

2. All the required certificates duly self attested must be attached with the application. The candidates must have their original certificates, publications with them at the time of interview for verification and need to submit the same before the interview committee.

3. Please Note that any discrepancy pertaining to the documents may invite cancellation of offer of appointment and legal action.

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) issued only by the Authorised Competent Authority of the Delhi State Govt/Govt of India.

6. OBC candidates are required to submit their caste certificate (issued before the date of submission of their applications & but within ONE year from the date of Walk in Interview) duly mentioning about the Creamy Layer status issued only by the Authorised Competent. Enclosures as mentioned at column F of the Application form are to be attached with application.

7. EWS candidates are required to submit the certificate issued by the Competent authority, issued within one year from the date of Walk in interview.

8. No application fee will be charged from ANY Candidate for the interview.

9. No TA/DA/ Allowances of any kind 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 7 days from the date of issue of the letter of offer. Candidature may be cancelled in case of not reporting within the prescribed time limit.

12. All the selected candidates will have to produce & deposit their original certificates at the time of joining.

13. 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.

MEDICAL DIRECTOR
CENTRAL HOSPITAL
APPLICATION & SELF DECLARATION FOR POST OF SENIOR RESIDENT IN THE SPECIALITY OF ____________


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

PASTE A RECENT PASSPORT SIZE COLOR PHOTOGRAPH, WITH NAME & DATE IN FRONT & SELF ATTESTED

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

1. Name (BLOCK LETTERS) ____________________________________________
2. D.O.B. ___________________ 3. Age on Date of Advt (as Yrs, Months & Days) ___________________
4. Category (UR/OBC/SC/ST/EWS) __________________________
5. Father’s Name ___________________________ MOBILE No. ______________
   Father’s Name & Address __________________________________________
   Occupation & details of Employment ______________________________________
6. Husbands/Wife’s Name ___________________________ MOBILE No. ______________
   Husbands/Wife’s Name & Address ______________________________________
   Occupation & details of Employment ______________________________________

7. APPLICANTS Present Address & Mailing Address (BLOCK LETTERS) __________________________
   PIN CODE ______________________________________

9. APPLICANTS Permanent Address (BLOCK LETTERS) __________________________
   PIN CODE - __________________________

B. Means of Communication with APPLICANT (Please pay attention & fill in correct details):
1. E.Mail Address (in BLOCK LETTERS): __________________________
2. Mobile Nos: __________________________
3. Landline No (with STD Code) __________________________

C. APPLICANTS IDENTIFICATION DETAILS: (Sr. No. 1 to 3 are essential)
1. PAN CARD No. __________________________ Date of Issue & Validity __________________________
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 __________________________________________
   (Pl give a declaration if a Passport has not been issued till now)

Signature of Candidate __________________________ Dated: ______________ Place __________________________

Contd 4
## D. EDUCATIONAL QUALIFICATION & EXPERIENCE DETAILS

### 1. GRADUATION

<table>
<thead>
<tr>
<th></th>
<th>Medical College, University &amp; State</th>
<th>MBBS Exams Passed in Year</th>
<th>Marks obtained / Total Marks</th>
<th>% Of MARKS Extra Attempts in each of MBBS</th>
<th>INTERNETH COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1st Prof:</td>
<td>/</td>
<td>1st Prof %____</td>
<td>Institution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Prof:</td>
<td>/</td>
<td>Ind Prof %____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd Prof:</td>
<td>/</td>
<td>3rd Prof %____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4th Prof:</td>
<td>/</td>
<td>4th Prof %____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final Passing Out in Year</td>
<td>Grand Total__</td>
<td>Total %____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Out of _____ NBE MARKS for F.M.G.</td>
<td>Total%____(NBE) For F.M.G.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Marks /Out of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. POST GRADUATE DEGREE / DIPLOMA– SPECIALITY

<table>
<thead>
<tr>
<th></th>
<th>INSTITUTION, UNIVERSITY &amp; YEAR OF PASSSING</th>
<th>PERIOD OF TRAINING WITH DATES</th>
<th>Subject &amp; Total No. of Attempts</th>
<th>Marks Obtained &amp; %</th>
<th>Details of Publications, Papers Presented During P.G.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. DETAILS OF Experience after Post Graduate DEGREE / DIPLOMA till today.

<table>
<thead>
<tr>
<th></th>
<th>NAME &amp; ADDRESS OF INSTITUTION</th>
<th>TOTAL PERIOD WITH DATES</th>
<th>NATURE OF JOB RESPONSIBILITIES HELD</th>
<th>1. Details of PUBLICATIONS, PAPERS Presented after PG. 2. CONFERENCES ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contd 5
E. REGISTRATION DETAILS

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

**REMARKS**

**REMARKS**

F. Details of Certificates: Copies of Documents duly self attested to be submitted with application form (from S.No.1 to 20):

<table>
<thead>
<tr>
<th>S.No</th>
<th>TYPE OF DOCUMENT SUBMITTED</th>
<th>Whether Submitted (write yes / No)</th>
<th>If NO, Give Reasons there for</th>
<th>Remarks (By the Scrutinizing Official)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Date of Birth Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Degree Certificate of MBBS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Internship Completion Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>MCI/STATE /DCI Registration Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>DMC, Registration Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Caste Certificate (OBC/SC/ST/EWS) issued by the competent authority (as applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>POST GRADUATE DEGREE (MCI/DCI recognized only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>POST GRADUATE DIPLOMA Certificate (MCI/DCI recognized only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>LETTER of RECOMMENDATION of Good Character &amp; Conduct from TWO GAZETTED OFFICERS, on their Official Letter Head bearing their Name, Designation, SEAL &amp; Contact Details.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Experience Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Conference Certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Publications &amp; Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>PAN CARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>VOTER ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>ADHAR CARD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>PASSPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Proof of Present Address.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Proof of Permanent Address.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________

Signature of candidate

Place: (Name: _______________________________ )
OBC Undertaking

Declaration / undertaking - for OBC Candidates only

I, ____________________ son/daughter of Shri ______________ resident of village/town/city ____________ district

______________________ State hereby declare that I belong to the __________ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004.I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2017.

Place:                                             Signature of the Candidate

Date:

Declaration/undertaking not signed by Candidate will be rejected
OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA

"This certificate MUST have been issued within one year from date of interview"

This is to certify that Shri/Smt./Kum. ____________________________ Son/Daughter of Shri/Smt. ____________________________ of Village/Town ________________________________ District/Division _________________________ State belongs to the ________________________ Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No . 186 dated 13/09/93.

(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.

(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.

(iv) Resolution No. 12011/96/94-BCC dated 9/03/96.


(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.


Shri/Smt./Kum. ___________________________________ and/or his family ordinarily reside(s) in the ________________________ District/Division of _________________________ State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36 012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated:

District Magistrate/ DeputyCommissioner, etc.

NOTE:

(a) The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-divisional magistrates / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar and

(iv) Sub-divisional Officer of the area where the candidate and / or his family resides.
FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum._____________________________________________________________ Son/Daughter of Shri _______________  of village/Town_______________________ in District/ Division ______________________ belongs to the __________________ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.
The Constitution (Scheduled Tribes) order, 1950.
(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;
*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;
*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to Shri ____________________________________________Father of Shri _____________________________________ ______of village/town__________________________________ in District/Division _________________________________ of the State/UT _______ __________

who belongs to the __________________ caste/Tribe which is recognized as a SC/ST in the State/Union Territory ________________

issued by the ____________________________________ (name of the prescribed issuing authority) vide their No. ______________________________________________ dated _______________ or Shri ____________ _____________________________ and or his/her family ordinarily reside(s) in Village/Town __________________________of ___________________ District/Division of the State/Union Territory of ________________

Place
Date

LIST OF AUTHORITIES EMPOWERED TO ISSUE

CASTE/TRIBE CERTIFICATE:


3. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

4. Revenue Officers not below the rank of Tahsildar.

Signature
Designation

(With Seal of Office)