कार्यालय प्राचार्य, राजकीय दून मेडिकल कॉलेज, पटेल नगर, देहरादून — 248001 (उत्तराखण्ड) दूरभाष — 0135—2726020, 2726021 ईमेल : doonmedicalcollege@gmail.com पत्रांक सं0-रा0दू0मे0का0/विज्ञापन/रेजीडेन्ट्स/2022/426/ दिनांकः 28/07/2021

सीनियर रेजिडेंट / जूनियर रेजीडेन्ट्स / टसूट्र्स के पदों हेतु वॉक-इन-इन्टरव्यू

राजकीय दून मेडिकल कॉलेज सम्बद्ध चिकित्सालय, देहरादून, उत्तराखण्ड में सीनियर रेजिडेंट्स/जूनियर रेजीडेन्ट्स/ट्यू प्रचार्य कार्यालय, राजकीय दून मेडिकल कॉलेज, पटेल नगर, देहरादून में दिनांक 04 व 05 अगस्त, 2022 को प्रातः 10.00 बजे से 02.00 बजे तक आयोजित किया जा रहा है। उक्त साक्षात्कार में उपस्थित होने का समय प्रातः 10.00 बजे से दोपहर 1.00 तक है।

राजकीय दून मेडिकल कॉलेज चिकित्सालय, देहरादून में विभिन्न विभागों में रिक्त पद निम्नवत् है :-

- 1. सीनियर रेजिडेंटस :- (एनेस्थिसिया, जनरल मेडिसिन, जनरल सर्जरी,, ऑप्थलमोलॉजी, रेडियोडायग्नोसिस)
- 2. जुनियर रेजीडेन्ट्स :- (जनरल मेडिसिन, जनरल सर्जरी, ऑप्थलमोलॉजी, आब्स एण्ड गायनी)
- 3. टयूर्स / सीनियर रेजीडेन्ट :- (फोरन्सिक मेडिसिन, कम्युनिटी मेडिसिन, फार्माकोलॉजी, पैथोलॉजी)

मानदेय – सीनियर रेजिडेंट्स हेतु = रू० 84,113 / प्रतिमाह लगभग। जूनियर रेजीडेन्ट्स हेतु = रू० 71257 / प्रतिमाह लगभग। $2\sqrt{2}$ हेतु = रू० 56100 / प्रतिमाह लगभग।

योग्यता – एन०एम०सी० के मानकानुसार। आरक्षण – उत्तराखण्ड शासनादेशानुसार।

नोट- 1) उक्त रिक्त पदों को संस्थान की आवश्यकता के अनुरूप विषयवार भरा जायेगा।

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प्राचार्य राठदू०मे०का०,देठदून ।

OFFICE OF PRINCIPAL, GOVT. DOON MEDICAL COLLEGE, PATEL NAGAR, DEHRADUN- 248001 UTTARAKHAND TEL: 0135-2726020-2726021

Email: doonmedicalcollege@gmail.com

Ref. No.: GDMC/Advt./Residents/2022/ 426/

Dated: 28-07-2022

WALK IN INTERVIEW FOR SENIOR RESIDENT / JUNIOR RESIDENT / TUTORS RECRUITMENT IN GOVT. DOON MEDICAL COLLEGE HOSPITAL, DEHRADUN, UTTARAKHAND

A walk-in interview for SENIOR RESIDENT / JUNIOR RESIDENT / TUTORS will be held in the office of Principal, Government Doon Medical College, Patel Nagar, Dehradun on 04th & 05th August, 2022 from 10:00 AM to 02:00 PM. Reporting time 10.00 am to 1.00 pm.

Vacancies in various departments are as follows:

Senior Residents:- (Anesthesia, Gen. Medicine, Gen. Surgery, Ophthalmology, Radio-diagnosis)

Junior Residents :- (General Medicine, General Surgery, Ophthalmology, Obs. & Gynae.)

Tutors: - (Forensic Medicine, Community Medicine, Pharmacology, Pathology)

Salary: Senior Resident Rs 84,113/-pm, Junior Resident Rs. 71,257/-pm Tutor Rs. 56,100/-pm Qualification:- As per NMC norms.

Reservation: - As per Rule of Uttarakhand Govt.

Note:- Number of vacancies shall be subject to Institute requirement.

25

Principal,
Govt. Doon Medical College, Dehradun.

राजकीय दून मेडिकल कॉलेज, देहरादून में दिनांक 04 व 05 अगस्त, 2022 को आयोजित सीनियर रेजीडेन्ट/जूनियर रेजीडेन्ट्स/टयूट्र्स के पदों को संविदा के आधार पर ऑनलाइन वॉक—इन—इंटरव्यू के माध्यम से भरे जाने वाले विभिन्न विभाग का विवरण।

विज्ञापन सं0-रा0दू०मे०का० / विज्ञापन / 2022 / 426 |

दिनांक: 20 / 07 / 2022

सीनियर रेजीडेन्ट्स

क्र0सं0	विभाग का नाम	पदों की संख्या
1	मेडिसिन	04
2	सर्जरी	04
3	ऑप्थलमोलॉजी	01
4	एनेस्थिसिया	05
5	रेडियोडायग्नोसिस	04
	कुल पदों की संख्या	18

जूनियर रेजीडेन्ट्स

क्र0सं0	विभाग का नाम	पदों की संख्या	
1	मेडिसिन	02	
2	सर्जरी	02	
3	ऑप्थलमोलॉजी	01	
4	ऑब्स एण्ड गायनी	04	
	कुल पदों की संख्या	09	

टयूट्र्स

क्र0सं0	विभाग का नाम	पदों की संख्या
1	फोरन्सिक मेडिसिन	02
2	कम्युनिटी मेडिसिन	. 02
3	फार्माकोलॉजी	02
4	पैथोलॉजी	02
7	कुल पदों की संख्या	08

नोट :- उक्त विज्ञापित पदों की संख्या को आवश्यकतानुसार घटाया व बढ़ाया जा सकता है।

प्राचार्य राठदू०मे०का०, दे०दून।

APPLICATION FORM GOVT. DOON MEDICAL COLLEGE, DEHRADUN, UTTARAKHAND

RECENT

Application for the post of

		lock Letters)			COLOURED	
2.	Sex :				PHOTOGRAPH	
	Father's/ Husband's Name : .					
	Category:					
	Date of Birth & Age (Please	attach self-attested photo	copy of Seco	ondary School Certificate):	
	Aadhar Card No.:					
	PAN:					
	Permanent Address-					
			7			
	Correspondence Address	:				
0.	Email (In block letters): .					
	Email (In block letters): . Mobile Number :					
1.						
1.	Mobile Number : Date of appearance in Last N ACADEMIC QUALIFICA (Please attach self-attested pl	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/N	Assessment			
0. 1. 2. 3.	Mobile Number : Date of appearance in Last N ACADEMIC QUALIFICA	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/N	Assessment			
1.	Mobile Number : Date of appearance in Last M ACADEMIC QUALIFICA (Please attach self-attested pl registration certificate for MI	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	
2.	Mobile Number : Date of appearance in Last N ACADEMIC QUALIFICA (Please attach self-attested pl registration certificate for MI Qualification	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	
3.	Mobile Number : Date of appearance in Last Macademic Qualification ACADEMIC QUALIFICA (Please attach self-attested place of the pregistration certificate for Minus Qualification MBBS	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	
3.	Mobile Number : Date of appearance in Last Macademic Qualification Qualification MBBS MD/MS/DNB/Ph.D.	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	
(S ₁	Mobile Number : Date of appearance in Last Notes	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	
1. 2. 3. (S ₁	Mobile Number : Date of appearance in Last M ACADEMIC QUALIFICA (Please attach self-attested pl registration certificate for MI Qualification MBBS MD/MS/DNB/Ph.D. eciality	ACI - UG / PG / any other TIONS - hotocopy of MBBS/MD/NBBS and PG):	Assessment AS/DM/M.C Year of	h./M.Sc./Ph.D. degree ce Registration No. of	rtificate and copy of Name of the State	

14. DETAILS OF THE PREVIOUS APPOINTMENTS TEACHING EXPERIENCE.

Designation	Department	Name of Institution/ University	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/ Demonstrator					
Junior Resident					
Registrar					
Senior Resident					
Assistant Professor					
Associate Professor					
Professor					

15.	Details of publication (Please attach self-attested copy of publications along with proof of indexing)
	National (Number):

- 16. MCI Basic course training workshop (Please attach self-attested photocopy of certificate) Yes / No
- 17. If Under obligation of Essential State Service Bond in any State of India, "No Objection Certificate' from present employer attached Yes / No



Declaration by the Candidate

It is declared that each statement and/or contents of this and/or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

Date:

Signature of Candidate

Place:

Enclosures:

S.No	Documents	Submitted
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Photo ID proof issued by Govt. Authorities: Passport / PAN Card / Voter ID / Aadhar Card	Yes / No
3.	Certified copies of present appointment order at present Institute.	Yes / No
4.	Copy of Passport /Voter Card /Electricity Bill /Telephone Bill / Aadhar Card attached as a proof of residence.	Yes / No
5.	Copies of Degree certificates of MBBS and PG degree.	Yes / No
6.	Copies of Registration of MBBS and PG degree.	Yes / No
7.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
8.	Relieving order from the previous institution.	Yes / No
9.	PAN Card	Yes / No
10.	Copy of Aadhar Card	Yes / No

Date:

X

Signed of the candidate