RAJIV GANDHI SUPER SPECIALITY HOSPITAL SOCIETY RAJIV GANDHI SUPER SPECIALITY HOSPITAL TAHIRPUR, DELHI -110093

Tel. No.: 011-22890600, 011-22890601 • Website: www.rgssh.in

F.No Admin/Faculty&MO/267/RGSSH/2021

dated

ADVERTISEMENT NUMBER 1/2021

RGSSH IS DESIGNATED COVID-19 PATIENT CARE HOSPITA

Walk-in-interview for the following posts at Rajiv Gandhi Super Speciality Hospital (RGSSH), an autonomous body under Health & Family Welfare, Govt. of NCT of Delhi are scheduled as per the details mentioned below:-

Date of Walk-in Interview

28/05/2021

Registration time for Interview :-

10.30 A.M to 12.30 P.M.

Venue

Admin Block, Auditorium, RGSSH

Recruitment shall be as **CONTRACT APPOINTMENT** on ADHOC BASIS at **CONSOLIDATED** SALARY BASIS initially for a period of 3 months which shall be further extendable as per the requirement of the hospital & depending upon individual satisfactory performance during the tenure.

- 1. (i) All original certificates regarding qualification, experience needs to be presented at the time of interview.
 - (ii) With application form attach self-attested copies of certificates, testimonials, and other relevant documents which support your claim for your eligibility for the applied post along with one recent passport size photograph.
- The details of the vacancies pay scale, eligibility criteria are as under:-

| S.No | Post Code | Name of Post | Speciality | Number of posts | Pay scale/Salary | Date of Walk-in- interview |
|------|--------------|-----------------|---------------|-----------------|--------------------------------------|-------------------------------|
| 1 | 01/20 | Assistant | Anesthesia | 5 | | |
| | 02,00 | Professor | Medicine | 4 | Rs 1.95 Lacs (on consolidated basis) | |
| | | | Critical Care | 2 | | |
| - | | | G I Surgery | 1 | , | |
| | 2 | | Pulmonology | 1 | 1.5 | |
| | | | CTVS | 1 | | - 7 |
| | | | Total | 14 | | |
| | | | | | | |
| | | | , | | 722 | |
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The Post wise details regarding educational qualifications, experience required, age limit etc. are as under:-

| | F.11 | | required, age littill etc. are as under:- | | | | |
|---|------------------|--|--|--|--|--|--|
| | Name of the post | | | | | | |
| | Educational | Essential:- | Assistant Professor | | | | |
| | Qualification:- | | for General discipline/ Broad Speciality: A medical qualification | | | | |
| | , | | instituted in the For II schedule or part II of the third color to | | | | |
| | | | the fidial Medical Council Act of 1956 (persons possessing | | | | |
| | | | qualifications included in part II of this schedule should also fulfil | | | | |
| 1 | | | the conditions specified in section 13(3) of the Act).A | | | | |
| | | | postgraduate qualification e.g. MD /MS or a recognized | | | | |
| | | | qualification equivalent therete in the control of a recognized | | | | |
| | | | qualification equivalent thereto in the respective discipline/subject | | | | |
| | | 1 | for Super-Speciality discipline: M.Ch for surgical super- | | | | |
| | | · | specialties and D.M. for Medical Super-specialties (3 years or 6 | | | | |
| | | | Vears recognized course) or qualification recognized | | | | |
| | | 7. | years recognized course) or qualification recognized equivalent thereto. | | | | |
| | | | thereto. | | | | |
| | . * 3 | Experience:- | for General discipline/ Broad Speciality: Three years teaching | | | | |
| | | | and/or research experience as Senior Resident/Demonstrator | | | | |
| | | | /Tutor/ Lecturer or equivalent thereto, in a recognized Institution | | | | |
| | | | | | | | |
| 1 | | | in the subject of speciality after obtaining the qualifying Degree of | | | | |
| | | 4 | M.D. /M.S. or a qualification recognized equivalent thereto. | | | | |
| | | | for Super-Speciality discipline): No experience is necessary for the | | | | |
| | | | candidates possessing the 3 years or 6 years recognized Degree of | | | | |
| | | | D.M. /M.Ch. or qualification recognized equivalent thereto. | | | | |
| | | | or quarrication recognized equivalent thereto. | | | | |
| A | ge Limit:- | 55 years. Ag | e Relaxable to SC/ST/OBC/Departmental Candidates/ExSM/PH etc. in | | | | |
| | | accordance with the instructions / orders issued by Govt. of India/DoPT from time to | | | | | |
| | time. | | | | | | |

- 3. All original certificates regarding qualification, experience needs to be presented at the time of interview.
- 4. With application form attach self-attested copies of certificates, testimonials, and other relevant documents which support your claim for your eligibility for the applied post along with one recent passport size photograph.

5. IMPORTANT INSTRUCTIONS.

- a. The selection to all posts shall be in accordance with the Memorandum of Association (MOA) of Rajiv Gandhi Super Speciality Hospital Society (RGSSH), Copy of MOA available on website www.rgssh.co.in
- b. Any information, notice or any corrigendum in regard to vacancy notice advertisement No 1/2021 shall only be available on website www.rgssh.in/ www.rgssh.co.in
- c. The number of posts in various categories can vary (may increase or decrease) at the time of final selection.
- d. **ELIGIBILITY CRITERIA:** (i) The candidate must be a citizen of India. (ii) The educational qualification, age, experience etc. as stipulated in advertisement shall be determined as on the closing date of submission of application for Walk-in-Interview.

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2 | Page

e. GENERAL INSTRUCTIONS FOR CANDIDATES

- (i) The Director, RGSSH reserves the right to cancel a part of or entire process of recruitment or a part of it due to practice of unfair means, cheating or other irregularities/malpractice noticed by the RGSSH/ Any administrative reason(s) or even without assigning any reason thereof.
- The RGSSH reserves the right to cancel or modify the advertisement or part of it at any stage www.rgssh.co.in
- (iii) The decision of the RGSSH regarding selection of the candidates shall be final and binding.
- (iv) In case of pensioners drawing pension from consolidated fund of India and being appointed in RGSSH through selection, the drawn basic pension and dearness allowance on the basic pension shall be liable to be deducted from the consolidated due emoluments.
- (v) Furnishing wrong information or suppression of facts shall lead to rejection of application/selection and penal action by the RGSSH, as deemed fit be initiated, even if the applicant has been selected and has joined the RGSSH on the basis of the information submitted in the application form.
- (vi) Canvassing in any form is strictly prohibited and shall lead to outright rejection of the application.
- (vii) In the event of non-availability of suitable candidates for advertised posts, the positions can be filled up by giving relaxation in eligibility criteria/conditions/recruitment rules by the Director, RGSSH.
- (viii) Litigations, if any, shall be subject to the exclusive jurisdiction of Delhi Court only.

DIRECTOR
RAJIV GANDHI SUPER SPECIALITY HOSPITAL



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APPLICATION FORM

| of the applicant: _ | | | _Post applied | I for: | | | | | |
|---------------------------|--|--|--|---|--|---|--|--|--|
| 1. Post applied for : | | | | | | | | | |
| | | | | | | | | | |
| Father's/Husband's Name : | | | | | | | | | |
| D.O.B., | | | | | | | | | |
| Age III Teals | Wionths | Davs | (As on last | date of receipt of | Application) | | | | |
| Whether SC/ST/C | DBC : | | _ (| | | - | | | |
| Address for Corre | espondence : | | | | | | | | |
| Mobile No.: Landline No.: | | | | | | | | | |
| Email address : _ | | | | | | | | | |
| Educational Qua | lification (Starting | from matrici | ulation Exami | nation onwards): | | | | | |
| Degree/ | University | | | lity Max | | Number of | | | |
| Exam | | Passing | | Marks | Scored | Attempts | | | |
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| Details of Experi | ience (if any) | | | | | | | | |
| Betom or amport | ,,, | | | | | | | | |
| Name of institute | Designat | ion | From | То | Total | Total Experience | | | |
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| rect to the best of m | iy knowledge and | beller. I unde | erstand that i | n the event of any | / information | racts being | | | |
| nd_untrue/false/inco | orrect my candida | iture is liable | to be cance | elled/terminated i | oesides takin | ig any other | | | |
| on deemed fit in thi | s regard. I will ha | ve no claim f | or absorptior | ı after terminatioi | n/completior | n of contract | | | |
| iod of tenure. I shall | abide by the term | s and condition | ons as prescri | ibed. | | | | | |
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| | | | | / Ciamatuu | O N | | | | |
| | | | | (Signatui | re & Name o | f Candidate) | | | |
| ce: | | | B | (Signatui | re & Name o | f Candidate) | | | |
| ce: | | | | (Signatu | re & Name o | f Candidate) | | | |
| | Post applied for: Name (in Block Let Father's/Husband D.O.B.: Age in Years Whether SC/ST/O Address for Corro Mobile No.: Email address: Educational Quand Degree/ Exam Details of Experiment In the best of modula in the b | Post applied for: Name (in Block Letter): Father's/Husband's Name: D.O.B.: Age in Years Months Whether SC/ST/OBC: Address for Correspondence: Mobile No.: Email address: Educational Qualification (Starting) Degree/ University Exam Details of Experience (if any) Name of institute Designate I hereby solemnly declare and addrect to the best of my knowledge and and untrue/false/incorrect my candidation deemed fit in this regard. I will have | Post applied for: Name (in Block Letter): Father's/Husband's Name: D.O.B.: Age in Years Months Days_ Whether SC/ST/OBC: Address for Correspondence: Mobile No.: Email address: Educational Qualification (Starting from matrice) Degree/ University Year of Exam Passing Details of Experience (if any) Name of institute Designation DECLA I hereby solemnly declare and affirm that starect to the best of my knowledge and belief. I under and untrue/false/incorrect my candidature is liable and deemed fit in this regard. I will have no claim for the start of | Post applied for: Name (in Block Letter): Father's/Husband's Name: D.O.B.: Age in Years Months Days (As on last Whether SC/ST/OBC: Address for Correspondence: Mobile No.: Landline No.: Email address: Educational Qualification (Starting from matriculation Exami Degree/ University Year of Special Exam Passing Details of Experience (if any) Name of institute Designation From DECLARATION I hereby solemnly declare and affirm that statements made arect to the best of my knowledge and belief. I understand that it and untrue/false/incorrect my candidature is liable to be cancelling of deemed fit in this regard. I will have no claim for absorption | Post applied for: Name (in Block Letter): Father's/Husband's Name: D.O.B.: Age in Years Months Days (As on last date of receipt of Whether SC/ST/OBC: Address for Correspondence: Mobile No.: Landline No.: Email address: Educational Qualification (Starting from matriculation Examination onwards): Degree/ University Year of Speciality Max Exam Passing Marks Details of Experience (if any) Name of institute Designation From To DECLARATION I hereby solemnly declare and affirm that statements made in this applicated to the best of my knowledge and belief. I understand that in the event of any and untrue/false/incorrect my candidature is liable to be cancelled/terminated in the deemed fit in this regard. I will have no claim for absorption after termination ind of tenure. I shall abide by the terms and conditions as prescribed. | Name (in Block Letter): Father's/Husband's Name: by | | | |