



GOVT. DOON MEDICAL COLLEGE, PATEL NAGAR,
DEHRADUN- 248001 UTTARAKHAND TEL: 0135-2726020-2726021
Email: doonmedicalcollege@gmail.com, website : gdmcuk.com



Ref. No.: GDMC/Advt./2022/2706

Dated: 17 -05-2022

NOTIFICATION FOR WALK-IN-INTERVIEW

Govt. Doon Medical College, Dehradun invites applicants for a Walk-in-Interview for the post of **SENIOR RESIDENT, JUNIOR RESIDENT & TUTORS** in all Clinical, Para Clinical & Non-Clinical Departments to be held on **25th & 26th May, 2022** from 10.00 am onwards.

- *Attractive Remuneration with Salary revision likely.*
- *Vast learning opportunities.*
- *Experience of working in Govt. setup.*

Candidates are requested to upload application forms from the website www.gdmcuk.com and mail applications before **25th May, 2022** at recruitmentgdmc@gmail.com

Applicants to report for Interview along with application form and relevant documents with 2 sets of Xerox Copies each.

Qualification : *As per latest NMC norms.*

Vacancies : *As per Institutional requirements.*

By order Principal

APPLICATION FORM
GOVT. DOON MEDICAL COLLEGE, DEHRADUN, UTTARAKHAND

Application for the post of _____

RECENT
COLOURED
PHOTOGRAPH

1. Name of the applicant (In Block Letters).....
2. Sex :
3. Father's/ Husband's Name :
4. Category :
5. Date of Birth & Age (Please attach self-attested photocopy of Secondary School Certificate):
6. Aadhar Card No.:.....
7. PAN:
8. Permanent Address-

9. Correspondence Address :

10. Email (In block letters):
11. Mobile Number :
12. Date of appearance in Last MCI - UG / PG / any other Assessment
13. **ACADEMIC QUALIFICATIONS -**
(Please attach self-attested photocopy of MBBS/MD/MS/DM/M.Ch./M.Sc./Ph.D. degree certificate and copy of registration certificate for MBBS and PG):

Qualification	College/ University	Year of Passing	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS				
MD/MS/DNB/Ph.D. (Speciality.....)				
M.Sc. / Ph.D. (Speciality.....)				
DM/M.Ch. (Speciality.....)				

Contd....2.

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)
- a) National (Number) : _____
- b) International (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:

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
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 :

Signed of the candidate

