#### OFFICE OF PRINCIPAL, GOVT. DOON MEDICAL COLLEGE, PATEL NAGAR,

#### DEHRADUN- 248001 UTTARAKHAND TEL: 0135-2726020-2726021

Email: doonmedicalcollege@gmail.com

Ref. No.: GDMC/Advt./JR/2022/5370

Dated: 06-10-2022

## WALK IN INTERVIEW FOR THE POST OF JUNIOR RESIDENT

A walk-in interview for JUNIOR RESIDENT will be held in the office of Principal, Government Doon Medical College, Patel Nagar, Dehradun on 11th October, 2022 from 10:00 AM to 02:00 PM. (Reporting Time: 09.30 am.)

Vacancies in various clinical departments are as follows:

 Junior Residents: - (Gen. Medicine, Pediatrics, Gen. Surgery, Orthopedics, Obs. & Gynae, ENT, Anesthesiology,)

Salary: Junior Resident

: Rs. 71,257/-pm (Consolidated)

- Qualification & Age :- As per Revised NMC norms.
- · Reservation: As per Rules of Govt. of Uttarakhand
- Vacancies can Increase or Decrease as per requirement.
   (Candidate are requested to bring original documents along with 2 self attested copies of the same.)

#### Note:-

- 1. The application form can be downloaded from: www.gdmcuk.com.
- All candidates are requested to submit the completely filled application form along with relevant self attested documents. Such applications shall not be provided at the principal office. In completely filled applications shall be summarily rejected.

Principal,

Govt. Doon Medical College, Dehradun.

# APPLICATION FORM GOVT. DOON MEDICAL COLLEGE, DEHRADUN, UTTARAKHAND

App	lication for the post of				
1.	Name of the applicant (In	Block Letters)			RECENT COLOURED
2.	Sex :				PHOTOGRAPH
3.	Father's/ Husband's Name	:			
4.	Category:				
5.	Date of Birth & Age (Pleas	se attach self-attested photo	copy of Seco	ondary School Certificate	):
6.	Aadhar Card No.:				
7.	PAN:				
8.	Permanent Address-				
9.	Correspondence Addres	ss:			
10.	Email (In block letters):				
11.	Mobile Number :				
12.	Date of appearance in Last	MCI - UG / PG / any other	Assessment		
13.	(Please attach self-attested	photocopy of MBBS/MD/N	MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of
	Qualification	College/ University			Name of the State Medical Council
	MBBS				
	MD/MS/DNB/Ph.D.				
(S	peciality)				
	M.Sc. / Ph.D.				
(S	peciality)	Correspondence Address:  Comail (In block letters):  Comai			
	DM/M.Ch.				
(S	peciality)				
				_	Contd

## 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.

-		-	
1.7	-	40	
	$\alpha$		

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