### 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/2022/5732

Dated: 31-10-2022

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

A walk-in interview for JUNIOR RESIDENT / TUTORS will be held in the office of Principal, Government Doon Medical College, Patel Nagar, Dehradun on 07th November, 2022 from 10:00 AM to 02:00 PM till all the vacancies would be filled. Reporting time 10:00 am to 1:00 pm. Vacancies in various departments are as follows:

Junior Residents :- (Pediatrics, General Surgery, Orthopedics, ENT, Obs. & Gynae., Anesthesia)

Tutors :- (Community Medicine, Biochemistry)

(Note:- \*Preference shall be given to candidates with PG Qualification in concerned subject.)

Salary: Junior Resident Rs. 71,257/-pm

Tutor

Rs. 56,100/-pm

- 1. Qualification:- As per NMC norms.
- 2. Reservation: As per Rule of Uttarakhand Govt.

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

Principal,

Govt. Doon Medical College, Dehradun.

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

I.								
Arc .	Name of the applicant (In	Block Letters)			RECENT			
2.	Sex :	***************************************			PHOTOGRAPH			
3.	Father's/ Husband's Name	·						
4.	Category:	wawa.						
5.	Date of Birth & Age (Please attach self-attested photocopy of Secondary School Certificate):							
6.								
7.	PAN:							
8.	Permanent Address-							
	Var. 2							
9.	Correspondence Addres	ss:						
10.	Email (In block letters):		*************		**********			
					0000000			
11.	Mobile Number :							
11. 12.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested)	MCI - UG / PG / any other  ATIONS - photocopy of MBBS/MD/N	Assessment					
11. 12.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC	MCI - UG / PG / any other  ATIONS - photocopy of MBBS/MD/N	Assessment MS/DM/M.C					
11. 12.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Model)	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			
11. 12.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Machine Qualification)	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			
11. 12. 13.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Machine Qualification  MBBS	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			
11. 12. 13.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Machine Machin	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			
11. 12. 13.	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Machine Machin	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			
	Mobile Number :  Date of appearance in Last  ACADEMIC QUALIFIC (Please attach self-attested registration certificate for Malification  MBBS  MD/MS/DNB/Ph.D.  Deciality)  M.Sc. / Ph.D.	MCI - UG / PG / any other ATIONS - photocopy of MBBS/MD/N MBBS and PG):	Assessment MS/DM/M.C	h./M.Sc./Ph.D. degree ce	rtificate and copy of			

## 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					

5.	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
- 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