

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

Email: [doonmedicalcollege@gmail.com](mailto:doonmedicalcollege@gmail.com)

Ref. No.: GDMC/Advt./Residents/2023/732

Dated: 17-02-2023

**WALK IN INTERVIEW FOR SENIOR & JUNIOR RESIDENTS RECRUITMENT IN  
GOVT. DOON MEDICAL COLLEGE HOSPITAL, DEHRADUN, UTTARAKHAND**

A walk-in interview for **SENIOR RESIDENT & JUNIOR RESIDENT** will be held in the office of Principal, Government Doon Medical College, Patel Nagar, Dehradun on **28th FEBRUARY, 2023** 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:

**Senior Residents :- (Pediatrics, Medicine, Surgery, Radio diagnosis, Anesthesia)**

**Senior Residents (Super Speciality) :- Anesthesiology, Cardiology, Nephrology, Neurology, Plastic Surgery, Urology)**

**Junior Residents :- (Pediatrics, General Surgery, Orthopedics, Obs. & Gynae., Emergency Medicine)**

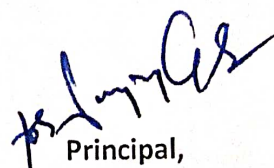
(Note:- \*Preference shall be given to candidates with PG Qualification in concerned subject.)

**Salary: Senior Resident Rs. 84,113/-pm**

**Junior Resident Rs. 71,257/-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**

RECENT  
COLOURED  
PHOTOGRAPH

Application for the post of \_\_\_\_\_

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.<br>(Speciality.....) |                     |                 |                                       |                                   |
| M.Sc. / Ph.D.<br>(Speciality.....)   |                     |                 |                                       |                                   |
| DM/M.Ch.<br>(Speciality.....)        |                     |                 |                                       |                                   |

Contd....2.



14. DETAILS OF THE PREVIOUS APPOINTMENTS TEACHING EXPERIENCE.

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