Advt. No.: SHKM/Rectt/2022/01



GOVERNMENT OF HARYANA Advertisement for filling up the posts for S.H.K.M. Government Medical College, Nalhar, Nuh

40 (GC-15, SC-06, BCA-03, BCB-01, EWS-03, ESM (GC-01), ESP(SC-02, BCA-01, BCB-1), PH-07, posts of Junior Residents are proposed to be filled up on contract basis for SHKM GMC Nalhar, Nuh through Walk-in-Interview for six months only from eligible Medical Graduates on Thursday i.e. 17-02-2022.

The other details like essential qualification, pay scales, fees, application form & other terms and conditions may be downloaded from institute website www.gmcmewat.ac.in. It is also informed that all interested candidates may visit institute website on regular basis for all updates regarding date of interview, No. of posts etc. which is available only on institute website i.e. www.gmcmewat.ac.in. Future recruitment for Junior Residents will be made quarterly basis, date of interview, No. of posts and other details will be updated only on institute web site. i.e. www.gmcmewat.ac.in.

-sd-Director

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IMPORTANT INSTRUCTIONS:

- 1. The applicant must have completed MBBS from any Institution / University recognized by the NMC and degree must be registered under the State/Central (NMC/MCI) Registration Act. Candidates have to produce permanent registration certificate obtained from council at the time of interview.
- 2. The degree of MBBS not recognized by the NMC/MCI will render the candidate ineligible.
- 3. Applicants must reach O/o the Director, SHKM, GMC, Nalhar, Nuh on scheduled date with duly filled prescribed application form and all supported documents in original as well as photocopy. Submission of incomplete application form i.e. without self attested copies of testimonials of academic career, permanent registration certificate, attempt certificate etc. may render the candidate ineligible.
- 4. Application Form may be downloaded from institute website. Application form will not be provided by institute to anyone at the time of interview.
- 5. The tenure for Junior Resident posts will be for six months only on contract basis.
- 6. Age Limit: Upper age limit for Junior Resident will be 45 years.
- 7. Number of posts may be increased or decreased or totally withdrawn without any further notice.
- 8. In future the status of vacancy will be updated only on the institute's website www.gmcmewat.ac.in on the regular basis after the first time, advertisement published in newspapers.
- 9. The selection committee reserves the right to reject or accept any candidate/candidature without assigning any reason thereof.
- 10. No. Experience Certificate will be issued in case the recruited JR leaves the post before the completion of the tenure i.e. six months.
- 11. The recruited JR will have to deposit 50% of basic salary as security and in the case he quit the job before completion of the tenure i.e. six months the security deposited by him will be forfeited.
- 12. Canvassing of any kind will be a disqualification.

•Those Junior Residents who were/are working at SHKM, Govt. Medical College, Nuh and whose term has been completed by 07 or more than 07 days, need to vacate their room and obtain no dues certificate to appear in the interview. Application form will not be considered without No Dues Certificate. # Selected candidates have to perform emergency duties as per department roster.

Qualifications & Experience for post of Junior Resident:

| Cat. No. | Post | Essential Qualifications and Experience |
|-------------|-----------------|--|
| I. | Junior Resident | i) MBBS from any Institution / University recognized by the NMC/MCI. ii) Must be registered under the State/NMC/MCI Registration Act. |

Pay Scales: Junior Resident : Rs.56100+NPA+DA+Other allowances as permissible.

Eligible applicants have to appear for walk in interview on 17-02-2022 (Thursday) at 09:00 AM onwards along with strictly prescribed application form and non refundable application fee of Rs. 500/- (Rs. 250 for women candidates, Rs.125/- for reserved category (SC & BC) of Haryana domicile only and person with benchmark disability will be exempted for application fee.) in the form of Demand Draft / Indian Postal Order/ Treasury Challan in departmental receipt head 0210 in favour of Director, Shaheed Hasan Khan Mewati, Govt. Medical College, Nalhar (Nuh) payable at Nuh or by POS Machine.

Date/ time of Interview: 17-02-2022 (Thursday), 09:00 AM.

(Attendance will be taken up to 10:30 am only, there after no candidate

will be entertained)

Venue of Interview: Office of Director,

Shaheed Hasan Khan Mewati, Govt. Medical College, Nalhar, Nuh

-sd-

DOCUMENTS CHECK LIST FOR JUNIOR RESIDENTS

NAME:

| S.NO | DOCUMENT | CHECKED |
|------|-------------------------------------|---------|
| 1. | MCI REGISTRATION/STATE REGISTRATION | |
| 2. | MBBS DEGREE/ PROVISIONAL | |
| 3. | MBBS MARKS CERTIFICATES | |
| 4. | INTERNSHIP COMPLETION CERTIFICATE | |
| 5. | PROOF OF MCI RECOGNITION OF COLLEGE | |
| 6. | DOB CERTIFICATE | |
| 7. | ATTEMPT CERTIFICATE | |
| 8. | EXPERIENCE CERTIFICATE | |
| 9. | CASTE CERTIFICATE(if any) | |
| 10. | OTHER ACHIEVEMENTS CERT | |
| 11. | PAN CARD | |

Scrutinizer:

| Adv | No · | SHKM/ | Rectt | /2020 | /02 |
|------|------|-------|-------|-------|-------|
| Auv. | 110 | | NCCLL | 14040 | / U Z |

APPLICATION FORM Challan / IPO/ DD No

| Category No | = | | | | Chanan / II v |)/ DD No.: |
|---|--------------------------------------|---------------------------|--------------|---------------|----------------|--|
| Application for the pos | t of | | | | Dated:/_ | <u>/</u> |
| Department: | | | | | Issuing author | ority: |
| 1. Name of Candidate (i (As per Matriculation / H | in block letter) Hr. Secondary o | or any equiv | alent exam | certificate) | <u>-</u> | |
| 2. Father's Name (in bl | ock letter) | | | | | Paste your |
| 3. (a) Permanent Addre | | | | | | passport size recent |
| (b) Correspondence A | | | | | | — duly attested |
| Contact No/ Mobile No | | | +91 | | | |
| Alternative Cont | tact No. | | +91 | | | |
| 4. E-mail id (Mandatory | y) | | | | | |
| 5. Date of Birth: | .//19 | | | | | |
| Age: YearsMo | nthsl | Days | (As o | n last date o | of submission | of application) |
| 6. Marital Status | | _ | | | | |
| o. Maritar Status | | Spot | ise (job/qua | lification):_ | | |
| | | _ | | | | of Haryana only. |
| 7. Category: Unreserve | ed / GC | _ | | | | |
| | ed / GC Month & Year of Passing / | Duration in days/ months/ | | | | |
| 7. Category: Unreserve 8. Examination Passed Name of the | ed / GC : Month & Year of | Duration in days/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II | ed / GC Month & Year of Passing / | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |
| 7. Category: Unreserve 8. Examination Passed: Name of the Examination Matric/10 th /S.S.L.C. or Equivalent 10+2/SSC or Equivalent A) First Prof. Second Prof. Final Prof. Part-I/ Pre-final Part-II B) Internship | Month & Year of Passing / Completion | Duration in days/ months/ | No. of extra | (specify):_ | Maximum | of Haryana only. Name of Institution/ |

9. Particulars of House Job / Experience:-

| S.NO | Name of medical college/ | Specialty | Date of | Date of | Duration |
|------|--------------------------|-----------|---------|-----------|----------|
| | Hospital | | Joining | Relieving | |
| 1 | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |

10. Post Graduate Qualification:

| - CD / | NT | 37 C | D . C | . | ъ . | |
|---------------------|----------------------|-------------|--------------|----------|-------------|-----------|
| Name of Degree/ | Name of Institution/ | No of extra | Date of | Date of | Duration in | Aggregate |
| Diploma | University | attempt | Joining | Passing | dd/mm/yy | %age |
| i) PG Diploma | | | | | | - |
| , - r | | | | | | |
| | | | | | | |
| | | | | | | |
| ii) PC Dagrag | | | | | | |
| ii) PG Degree | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| iii) DNB/ | | | | | | |
| others(i.e. M. Sc) | | | | | | |
| , , | | | | | | |
| | | | | | | |
| iv) Additional | | | | | | |
| Qualifications i.e. | | | | | | |
| D.M/ M.Ch/ Ph. D | | | | | | |
| D.M/ MI.CII/ PII. D | | | | | | |
| | | | | | | |

11. Particulars of Post PG Experience (In MCI Recognised/ Approved Medical College/Institute only):-

| S.NO | Name of Medical | Specialty/ | Date of | Date of | Duration in |
|------|----------------------------|-------------|---------|-----------|-----------------|
| | College/Teaching Institute | Designation | Joining | Relieving | days/months/yrs |
| 1 | | | | | |
| | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |

12. ACADEMIC ACHIEVEMENTS:

| • | Best graduate (1st in aggregate in all profs. Exams combined) | YES/NO |
|---|---|--------|
| • | 2 nd Best graduate (1 st in aggregate in all profs. Exams combined) | YES/NO |
| • | 1st position in any subject in University exams (During Graduation) | YES/NO |
| • | 2 nd position in any subject in University exams (During Graduation) | YES/NO |
| • | PG Degree with Distinction/ Any Medals | YES/NO |

13. RESEARCH ACHIEVEMENTS:

(1) **PUBLICATIONS:**

a) Paper published /accepted for publication in an indexed international journal.

| S. No. | Title of Article / Case report | ISSN No. and Name of the Journal and Publisher (published / accepted) | Indexing of the journal e.g. Pub med | As 1 st author/ 2 nd author OR Co- author | Designation while publishing |
|-----------|--------------------------------|---|--------------------------------------|---|------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

b) Paper published / accepted for publication in an **Indian and State Journal with ISSN No.** (Abstract of Paper presented in a conference will not be counted as a publication)

| S. No. | Title of Article / Case report (As 1st author or Co- author) | ISSN No. and Name of the Journal whether published /accepted (mention the edition) | Designation while publishing |
|--------|--|--|------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

14. EXTRACURRICULAR ACTIVITIES:

A) Sports And Cultural Activities (colours / athletic meet/ cultural meet)

| S. No. | Name of Sport/ Cultural Event | Level whether International/ National/ Interuniversity/ University (inter-college) | Position First/ Runner up |
|-----------|----------------------------------|--|---------------------------|
| 1 | | | |
| 2 | | | |

| B) | Blood Donation: | (at Medical | College/Govt | ./Red Cro | oss Blood | Banks onl | ly) |
|----|------------------------|-------------|--------------|-----------|-----------|-----------|-----|
|----|------------------------|-------------|--------------|-----------|-----------|-----------|-----|

| 15. | Are | you: |
|-----|-----|------|
| | | |

| a) A citizen of India by birth or by domicile | · | |
|---|---|--|
|---|---|--|

- b) A person having migrated from Pakistan with the intension of permanently setting in India or a subject of Nepal of Sikkim or Subject of a Portuguese in India
- c) *Scheduled Caste of Haryana
- d) *Backward Class candidate of Haryana
- e) *Ex-serviceman/Serving Soldier _____

Certificate to this effect from competent authority should be attached.

| | of Nepal of Sikkim or Subject of a Portuguese in India |
|-----|---|
| | *Answer "Yes" or "No" and cancel the words which are not applicable. |
| 17. | Are you a Government Servant? If yes, whether 1) Permanent or Temporary |
| | 2) Designation/Post |
| | 3) Govt./Private |
| | 4) Present pay and allowance |
| 18. | Have you ever been disqualified by |
| | a) Union Public Services Commission |
| | b) Haryana Public Service Commission |
| | c) Any other State Public Service Commission |
| | d) Any other Govt. Department, if yes full particular and post held, reason for removal/dismissal with period. |
| 19. | Have you ever been removed / dismissed from Govt. Service or compulsory retire, if so full details be given? |
| 20. | Are you willing to accept the minimum initial pay offered? If not, what lowest initial pay would be acceptable? |
| 21. | If selected what notice would you required for joining? |
| 22. | Give below the names of two persons who are in a position to testify from personal knowledge you fitness for |
| | post (they must not be related to you) |

A person having migrated from Pakistan with the intension of permanently setting in India or a subject

16. Is or was you father*

A citizen of India by birth or by domicile.

Address _____

a)

b)

SIGNATURE OF APPLICANT

Address _____

DECLARATION

| I s/o/d/o/w/o |
|--|
| hereby declare that information given below is correct to the best of my knowledge & belief: |
| That all the degrees/diploma/Other educational qualification/experience constituting essential qualification, as per the advertisement, submitted by me in support of this application are recognized by Medical/Dental Council of India or such body as is competent to recognize such a degrees/diploma/Other educational qualification/experience in India. That I possess the requisite experience, as per the advertisement for the post that I have applied for from an |
| institution recognized by the competent body in India. |
| 3. That if at any stage, this declaration is found to be false than the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action by competent authority deemed for, including recovery of financial loss sustained due to the false declaration. |
| Place: |
| Date: |
| List of enclosures: |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |
| Please write your complete correspondence address: |
| Name |
| Address |
| |

Pin Code