



OFFICE OF THE MEDICAL DIRECTOR
DEEN DAYAL UPADHYAY HOSPITAL
HARI NAGAR, NEW DELHI-64
(Ph. 25494402-08)
Email:- msdduh@yahoo.in

No.F2J (2277)/JR(Dental)Part-2/DDUH/2017/401-404

Dated:-
08/11/18

INTERVIEW FOR JUNIOR RESIDENTS-DENTAL(REGULAR&ADHOC)

The DDU Hospital will hold Walk-In-Interview on 16/01/2018 for filling up below mentioned Vacancies of Junior Residents(Dental) on Regular and Adhoc basis as detailed below:-

Regular Basis

S.No.	Total	GENERAL(UR)	OBC	SC
1.	03	02	01	00

Adhoc Basis


S.No.	Total	GENERAL(UR)	OBC	SC
1.	03	01	01	01

Candidates, who fulfill the eligibility criteria, may apply in the enclosed prescribed Performa alongwith attested copies of all testimonials and passport size photographs be attached with the form in JR Cell, Administrative Block on 16/01/2018 from 9.00 am to 12.00pm. Candidates appearing after 12.00 pm will not be considered for Interview.

Eligibility criteria for JR(Dental)& attested copies of documents to be submitted alongwith application:


- Qualification:** BDS Degree from recognized University/Institute. Provisional Certificate/Degree & Marksheet of all four years to be attached. **Candidates must have passed all professionals in 1st attempt and must have secured at least 60% in Final professional exam. Relaxation of 5% marks and up to two supplementaries will be given to SC/ST category candidates.**
- Age:** Maximum age for General Candidate is 30 Years as on date of Interview and relaxation of age for SC/ST/OBC/ Persons with Disability candidates will be given as per rule. Attested copy of Age proof (Class 10th Certificate to be attached.)
- Internship:** Candidate applying for the post of JR(Dental) must have completed their internship and **only those candidates shall be considered for residency who have completed their internship within 1 year from the date of interview(i.e. after 15/01/2017)**
- Registration:** Candidate should be registered with DCI/DDC/State Dental Council.

5. **Period of Residency (For Regular Dental):** The appointment is for a period of six months, and there will be no further extension after that as per rule.
6. **Period of Residency (For Adhoc Dental):** The appointment will be initially for a period of 89 days extendable once for further 89 days on the basis of satisfactory work & conduct report from the concerned HOD and written request from the doctor concerned. Services will be governed under Residency Scheme.
7. The period for which a candidate has already worked in any Govt. Hospital as Junior Resident (Dental) will be deducted from the maximum period of Six months of Junior Residency. Those who have already worked for a period of six months in any Govt. Hospital are not eligible.
8. Private practice of any kind is not allowed.
9. **Pay Scale:** The Pay Matrix of Level 10 (Rs. 56100-177500), Plus other usual allowance as admissible under the rules.
10. Attested copy of SC/ST/OBC certificate for age relaxation. Candidate having OBC Certificate issued by the competent authority of Govt. of NCT of Delhi will be considered for age relaxation.
11. Residency Proof (Aadhar Card /Voter I.D. Card/Passport/Driving Licence/ etc.)
12. **Jurisdiction of Dispute:-** In case of any legal dispute the jurisdiction of Court will be Delhi/New Delhi Only.
13. The Candidates have to bring the original Certificate at the time of Interview for Verification.


(DR. ANIL KUMAR GARG)
HOD(JR/SR CELL)

Copy to:-

1. PS to MD, DDUH
2. HOD, Concerned
3. Notice Board, DDUH
4. Website of DDU AND DH&FW


(DR. ANIL KUMAR GARG)
HOD(JR/SR CELL)

APPLICATION FOR THE POST OF JUNIOR RESIDENTS (DENTAL) ON REGULAR/ADHOC BASIS

Paste recent
passport size
photograph

1. Name of the Candidate(in capital) :
2. Father's/Husband's Name :
3. Date of Birth(in numeric & words) :
4. Postal Address :
5. Permanent Address :
6. Telephone/Mobile Number, if any :
7. Date of completion of Internship(*) :
8. DCI/DDC/State Council Registration No. :
9. Whether belongs to SC/ST/OBC/Gen :
(Attach attested copy of certificate)
10. Whether worked as Jr Resident (Dental) :
Earlier, if so, the period there of and
Name & Address of the hospital/Institute

11. Academic/Technical/Professional Qualification :

a) Name of University :

b) Details of marks obtained :

Sl.No.	Year	Total marks Obtained	% of Marks	Year of Passing	No. of Attempts
1	1 st Year				
2	2 nd Year				
3	3 rd Year				
4	4 th Year				
5	Total				

12. Any additional information regarding:-

a) Qualification

b) Training

c) Experience

d) Research

e) Publication

f) Extra curricular activities

Declaration:

I solemnly declare that the above statements made by me and are correct to the best of my knowledge and belief. If any of the above information is found to be false/incorrect, my application/selection may be cancelled at any time and action as per rule may be initiated by the Hospital authorities.

Signature of Candidate