

GOVT. OF NCT OF DELHI
OFFICE OF THE MEDICAL DIRECTOR
GURU TEG BAHADUR HOSPITAL
DILSHAD GARDEN, DELHI-110095

No. 1-5(10)/Consultant/E-I/RL-GTBH/2022/ 8885-8905

Dated: 07-01-2022

NOTICE

Sub: Reg. inviting of application for the Engagement of Consultants (MBBS) to augment the capacity to manage critically ill patients, purely on temporary/per day per shift remuneration basis through walk in interview for a period upto 31.03.2022.

Applications for making panel for engagement of Consultants (MBBS) to augment the capacity to manage critically ill patients, purely on temporary/per day per shift remuneration basis through walk-in interview, are hereby invited from the eligible candidates as per qualifications mentioned against each.

Sr.No.	POST	REMUNERATION RATE PER SHIFT	QUALIFICATION	NO. OF POST
1.	Consultants	Rs. 10,000/-	MBBS+ 05 years experience	203
2.	Consultants	Rs. 6,000/-	MBBS	

The duly filled application in all applicants should be reached in R&I Branch, Room No.357, 3rd Floor, Administrative Block, GTBH on or before 12.01.2022 by 4:00 P.M. Applications received after the closing date and time will not be considered for interview.

Enclosures as mentioned herein under are to be attached with the applications:

SR. NO.	REQUIRED DOCUMENTS
1.	DATE OF BIRTH CERTIFICATE (AS PER MATRICULATION CERTIFICATE)
2.	MBBS MARK SHEETS (ALL YEARS) ALONGWITH DEGREE
3.	INTERNSHIP COMPLETION CERTIFICATE
4.	ATTEMPT CERTIFICATE
5.	DMC REGISTRATION CERTIFICATE (MBBS)
6.	AADHAAR CARD
7.	PAN CARD
8.	CANCELLED CHEQUE (DELHI & NCR BANK)
9.	05 YEAR EXPERIENCE CERTIFICATES, IF ANY (AS ON DATE OF APPLICATION)

AMS (A)/HOO

Dated:

No. 1-5(10)/Consultant/E-I/RL-GTBH/2022/

Copy forwarded for information & necessary action to:

1. The Spl. Secretary (Health), Department of Health & Family Welfare, GNCTD.
2. The Director, DHS, Karkardooma, Delhi-92 with the request to upload the notice on website of the Health & Family Welfare Department immediately.
3. The Medical Supdt. (Safdarjung / Lady Harding/ DDU Hospital/AIIMS), New Delhi
4. The Dean MAMC, New Delhi.
5. The Medical Director (LN/GB Pant Hospital), New Delhi.
6. The All HODs, GTB Hospital.
7. The MOI/C EDP Cell, GTB Hospital with the request to upload the notice on website of Hospital.
8. Sr. PA to the Medical Director, GTB Hospital.
9. In-charge, Advance Skills Lab, Room No. 372, 3rd Floor, GTB Hospital.
10. Notice Board, 3rd Floor, GTB Hospital.

AMS(A)/HOO

APPLICATION FORM FOR ENGAGEMENT ON PER DAY/PER SHIFT REMUNERATION BASIS AT RIGTBH

11. Applied for the Post: _____

Sr. No.	Post	Remuneration Per Day/Per Shift (RS.)	Minimum Qualification	Tick (One)
11.	Consultant	10,000	MBBS + at least 5 years experience	
22.	Consultant	6,000	MBBS	

22. Name: _____

3. Date of Birth: _____

4. Father's/Husband's Name: _____

5. Marital Status: _____

6. Nationality: _____

7. Aadhaar Card No: _____

8. PAN Card No: _____

9. Qualifications: _____

10. Experience: _____

11. Residential Address: _____

12. Contact No: _____

13. Email ID: _____

14. DMC Regg No (MBBS): _____

15. Bank/ECS Details (Debit & Credit) (along with copy of cancelled cheque):

Account No: _____ MICR Code: _____ IFSC Code: _____

Bank's Name & Address: _____

16. COVID Vaccination Certificate No: _____

PASTE RECENT
PASSPORT SIZE
PHOTO

DECLARATION: I solemnly declare that the above statements made by me are correct & true to the best of my knowledge and belief. I further declare that if the above statement is found to be false or any fraud in future, my appointment may be cancelled and I shall be liable for disciplinary action, whatever deemed fit.

DATED: _____

(SIGNATURE OF THE CANDIDATE)

CHECK LIST FOR DOCUMENTS TO BE ATTACHED

SR. NO.	DOCUMENTS	ATTACHED OR NOT (X OR v)
1.	DATE OF BIRTH CERTIFICATE (AS PER MATRICULATION CERTIFICATE)	
2.	MBBS MARK SHEETS (ALL YEARS) ALONGWITH DEGREE	
3.	INTERNSHIP COMPLETION CERTIFICATE	
4.	ATTEMPT CERTIFICATE	
5.	DMC REGISTRATION CERTIFICATE	
6.	AADHAAR CARD	
7.	PAN CARD	
8.	CANCELLED CHEQUE (DELHI & NCR BANK)	
9.	5 YEAR EXPERIENCE CERTIFICATE, IF ANY (AS ON DATE OF APPLICATION)	
10.	VACCINATION CERTIFICATE	