# UNION TERRITORY OF JAMMU & KASHMIR GOVT. MEDICAL COLLEGE AND ASSOCIATED HOSPITAL, UDHAMPUR

Dr. Mrityunjay Principal GMC, Udhampur



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### WEBSITE: https://gmcudhampur.in/

#### WALK-IN INTERVIEW NOTICE FOR JUNIOR RESIDENT

Advertisement Notice No.06 of 2024, Dated:-03-08-2024

Applications on the prescribed format (ANNEXURE -1) are invited from Non-PSC doctors who are domicile of UT of J&K for the tenure posts of Junior Resident (for a period of six months) through walk-in selection process for different Departments of Govt Medical College Udhampur which are lying vacant or likely to fall vacant in near future as per schedule given below:

Date of Interview: 13-08-2024.

Reporting time for interview: 10:00 AM Verification of Documents: 10:30 AM Timing of Interview: 12:00 PM

List of documents required (One photocopy set along with the originals) in the proper sequence as mentioned below:

- a) 10th Marks Card/ Diploma/DOB Certificate.
- b) MBBS Degree and NMC/State Medical Council Registration certificate.
- MD/MS/DNB Degree and NMC/State Medical Council Registration certificate.
- MBBS Attempt Certificate and Internship Completion Certificate.
- e) MBBS Marks Card All Profs/Semesters.
- Domicile of UT of J&K.
- g) Professional publications, published in indexed/ national journals, as prescribed.
- Any other special attributes/certificates-NCC 'C' Certificate. 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in academics or distinction.
- i) Any other relevant document may be asked for submission.
- FMGE certificate in case of MBBS degree from outside the country.

Candidates will be required to produce relevant certificates as mentioned above in original also as proof of having acquired the prescribed educational qualification on or before the cut-off date fixed for walk-in interview, failing which the candidature of such candidates shall be cancelled by the selection committee Candidates may note that their candidature will remain provisional till the genuineness of their documents relating to educational qualification is verified by the Appointing Authority. No representation/ request-for change in interview date or timing shall be entertained, whatsoever be the reason. The candidates are advised to go through the requirements of educational qualification and certificates to satisfy themselves that they are eligible for the post. If the documents submitted by the candidates are not found substantiated or correct by the committee at any point of time, the candidature will be cancelled, Criminal Proceedings under law shall be initiated, or any other action as may be deemed appropriate by the committee, shall be taken. The decision of the committee in all

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matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, conduct of interview and preparation of merit list & Cadre/Department allocation, debarment for indulging in malpractices would be final and binding on the candidates and no enquiry/correspondence will be entertained in this regard.

No TA/DA will be admissible for appearing in the interview.

#### Terms and Conditions:

- The engages shall not be entitled to private practice or undertake simultaneous part time / fulltime job anywhere else. He/She shall work on Full time basis.
- The first salary shall be kept as security deposit by the accounts department and shall be paid only on successful completion of the tenure engagement.
- The selected candidates shall have to execute an agreement that he/she shall not leave the department before completion of his/her sanctioned tenure failing which the security deposit shall be forfeited and no experience certificate shall be issued.
- The competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice.
- Mere submitting of the documents/certificates shall not be considered as final, candidature of any candidate is provisional and is subject to cancellation if found ineligible by any means at any stage of recruitment process/selection.

No:-GMC/UDH/2024-25/1873-75 Dated:-03-08-2024 Principal Govt. Medical College Udhampur

#### Copy to the:-

- Secretary to the Government, Health & Medical Education Department, Civil Secretariat, Jammu/Srinagar through e-office.
- Medical Superintendent Associated Hospital GMC Udhampur.
- 3. Incharge website, to upload it on the website.

## GOVERNMENT MEDICAL COLLEGE, UDHAMPUR Application Format for Junior Resident

|   |                              |   | Date                   | ed         |                               |                           |          |                |      |  |
|---|------------------------------|---|------------------------|------------|-------------------------------|---------------------------|----------|----------------|------|--|
| N BLOC  | K LETTERS ONLY)              |   |                        |            |                               |                           |          | 324            |      |  |
| 01. Spe   | cialty/Department applie     | d for: 1.   |                        | 2.         |                               |                           |          | - 1            |      |  |
| 02. Na  | ne of the Candidate - Dr.    |   |                        |            |                               |                           |          | -1             |      |  |
| 3. Father's Name:                                 |                              |   |                        |            |                               |                           |          | Phot<br>Self a |      |  |
| 04. Permanent Address:                            |                              |   |                        |            |                               |                           |          | 1.             |      |  |
| 05. NMC/State Registration NoDate of Registration |                              |   |                        |            |                               |                           |          |                |      |  |
|   | e of Completion of Intern    |   |                        |            |                               |                           |          |                |      |  |
| 7. Em   | il ID                        |   |                        | Cell Phone | No                            |                           |          |                |      |  |
| 8. Date   | of Birth                     |   |                        |            |                               |                           |          |                |      |  |
| O. Ban  | k Receipt/Online Transac     | tion ID No.   |                        |            | Date                          | ed                        |          |                |      |  |
|   | ils of Education Qualific    |   |                        |            |                               |                           |          |                |      |  |
| S.<br>No.   | ExaminationPassed            | Name of the<br>College/University from which Passed |                        | used       | Month &<br>Year of<br>Passing | Attempt<br>in whichpassed |          | % age<br>Marks |      |  |
| 01.   | First MBBS                   |   |                        |            | r assarg                      |                           |          |                |      |  |
| 02.   | SecondMBBS                   |   |                        |            |                               |                           |          |                |      |  |
| 03.   | Final MBBSPart-1             |   |                        |            |                               |                           |          |                |      |  |
| 04.   | Final MBBSPart-II            |   |                        |            |                               |                           |          |                |      |  |
| Ne.   | Total Marks                  |   |                        |            |                               |                           | ol Marks |                |      |  |
| 05.   | MDMS/DNB                     |   |                        |            |                               |                           |          |                |      |  |
| Detai   | of Junior Residency if a     | Iready done   | K+.                    |            |                               |                           |          |                |      |  |
| S.  | Name of the College/Hospital |   | ital Name of Specialty |            | Date                          |                           | Perio    |                | d    |  |
| No. 01.   |                              |   |                        | From       | To                            | Year                      | Monti    | ns             | Days |  |
| 02.   |                              |   |                        |            |                               |                           |          |                |      |  |
| 02.   |                              |   |                        |            |                               |                           |          |                |      |  |

Distinction / position in MBBS.

14. Special attribute (NCC- Certificate)

Declaration: I hereby declare that the statements in this application are true and correct to the best of my knowledge and belief. I understand that any wilful misrepresentation of facts and concealment of information result in the cancellation of my candidature.

Total No. of Enclosures (

Signature of Candidate