



BPS GOVT MEDICAL COLLEGE FOR WOMEN KHANPUR KALAN (SONEPAT)

Advt.No. BPS/03/SR/2025

Date & Time of Receiving of Application: 19.05.2025 upto 04:00pm

Application are invited for the post of Senior Resident in BPS GMC for Women, Khanpur Kalan, Sonapat on yearly tenure basis extendable upto a maximum period of 03 years, subject to satisfactory work and conduct report from concerned HOD, BPS GMC for women Khanpur Kalan, Sonapat is a recognized Medical College by NMC. The applicants must submit their application alongwith details of educationl qualification on prescribed format with address, contact numbers, Email address on prescribed format alongwith all self attested documents with prescribed fee in the Medical Superintendent Office, BPS GMC for Women , Khanpur Kalan, Sonapat. No application received after the stipulated time period will be considered and will be straightaway rejected. The candidates should apply on the prescribed performa duly downloaded from institutie website i.e. www.bpsgmckhanpur.ac.in.

Date & Time of Receipt of application : By 19.05.2025 up to 04:00 PM

Date & Time of Documents Verification/Scrutiny :- 21.05.2025 at 10.00 AM onwards.

Date & Time of Interview :- 23.05.2025 at 10:00 AM

Educational Qualification & Experience of Senior Residents and Super Specialty:-

1. MBBS from Institution/University recognized by the NMC.
2. MD/MS/DNB in the subject concerned as pe NMC norms.
3. Must be having a vaild registration certificate either issued by NMC (erstwhile MCI/Haryana State Medical Council) or any other state Medical Council.
4. Score of the exit examination conducted by MCI/National Board of Examination, New Delhi of FMGE candidates will considered as equivalent to MBBS score for the purpose of calculating the pre-merit of all the Foregin Medical Graduate (FMGs).
5. In case of Non availability of MD/MS candidates in the subjects then candidates having Diploma in the concerned Subject or candidate having three years experience as PG in the subject will be considered.

Application Fees (Non-Refundable) : A crossed Demand Draft worth Rs. 1000/- for General Category and Rs. 250/- for Reserved Categories (for Haryana Domicile only) in favour of Director , BPS GMC for Women, Khanpur Kalan, Sonapat, 50% concession in the above fees is granted to the women candidates (both general and reserved category) as per Govt. Instructions. PH, PWD & ESM candidates are exempted from the application fee.

TERMS & CONDITIONS:-


1. Age not less than 22 years and not more than 45 years on the closing date. The benefit of relaxation of in upper age limit in respect of candidates belonging to SC/ST, BC and ESM etc. will be as per Haryana Govt. instructions issued from time and are restricted to Haryana domiciles only.
2. The Senior Resident will be governed by the rules of BPS GMC Khanpur Kalan & DMER, Haryana Panchkula, which are at par with the rules currently applicable to the at Pt. B.D. Sharma PGIMS, Rohtak/UHS Rohtak.
3. The appointment is purely on tenure basis extendable up to a maximum 03 years subject to satisfactory work and conduct report. However, the services can be terminated immediately without prior notice, if the work and conduct are not found satisfactory.
4. The interview will be held in the office of Director, BPS GMC for Women Khanpur Kalan, Sonapat. The candidates must bring all the essential certificate/documents i.e.(Matriculation Certificate, MBBS/MD mark sheets, Degree, Experience Certificate, Registration attempt certificate of MBBS as well as MD/MS, caste certificate etc.) in original for verification at the time of interview.
5. Experience will be considered only if it is obtained from MCI/NMC recognized/permitted Medical College.

6. Incomplete application in any form & without fees, self attested copies of educational certificate and other relevant documents will be rejected.
7. Number of posts may be increased or decreased on the basis of actual requirement against sanctioned posts.
8. In the interest of patient care and public interest if the exigency of the situation so demands, then Hospital administration reserves the right to change the posting of Senior Resident to any department.
9. No Separate Interview letter will be sent to the applicants and the information pertaining to the date of interview will be uploaded on institute website. All interested applicants must visit the website of the institute on regular basis for all updates i.e. www.bpsgmckhanpur.ac.in.

Details of Advertised posts of Senior Residents

Sr. No.	Department	Total No. of vacant posts Category wise								
		UR	SC	BCA	BCB	EWS	ESM	PWD	PH	Total
1	General Medicine	01	02	02	00	00	00	00	00	05
2	General Surgery	00	04	01	00	00	00	01	00	04
3	Anesthesia	00	02	00	00	00	01	00	00	03
4	Blood Bank/Transfusion	00	01	01	00	00	00	00	00	02
5	Community Medicine	01	02	00	00	00	00	01	00	04
6	Anatomy	00	01	00	00	01	00	00	00	02
7	Forensic Medicine	02	01	00	00	01	00	00	00	04
8	Obst & Gyane	00	01	00	01	00	00	00	00	02
9	Orthopedics	00	01	00	00	00	00	00	00	01
10	Ophthalmology	00	01	01	00	00	00	00	00	02
11	Otorhinolaryngology(ENT)	00	00	00	00	00	01	00	00	01
12	Radio-diagnosis	00	01	00	00	01	01	00	00	03
13	Paediatrics	01	01	01	00	00	01	00	00	04
14	Respiratory Medicine	01	00	00	00	00	00	00	00	01
15	Psychiatry	01	01	00	00	00	00	00	00	02
16	Dermatology	00	01	00	00	00	00	00	00	01
17	Pathology	00	01	00	00	00	00	01	00	02
18	Physiology	01	00	00	00	01	01	00	00	03
19	Pharmacology	00	00	01	00	00	00	00	00	01
20	Bio Chemistry	02	00	00	00	01	00	00	00	03
21	Microbiology	02	01	00	01	01	00	00	00	05
22	Paediatrics Surgery	01	00	00	00	00	00	00	00	01
23	Plastic Surgery	01	00	00	00	00	00	00	00	01
24	Neuro Surgery	01	00	00	00	00	00	00	00	01
25	Cardiothoracic Surgery	01	00	00	00	00	00	00	00	01
26	Urology	01	00	00	00	00	00	00	00	01
27	Neurology	01	00	00	00	00	00	00	00	01
28	Cardiology	01	00	00	00	00	00	00	00	01
29	Oncology	01	00	00	00	00	00	00	00	01
30	Endocardiology	01	00	00	00	00	00	00	00	01
31	Nephrology	01	00	00	00	00	00	00	00	01

Note:- In case, if any eligibale candidate didn't appear for EWS category then the advertised EWS posts may be filled among the General Cadidates.


 Medical Superintendent
 BPS GMC for Women
 Khanpur Kalan (Sonapat)

APPLICATION FORM

Category No. _____
Application for the post of _____
Department: _____

Challan/IPO/DD No.: _____

Dated: / /

Issuing authority _____

1. Name of Candidate (in block letter) _____
(As per Matriculation / Hr. Secondary or any equivalent exam certificate)

2. Father's Name (in block letter) _____

3. (a) Permanent Address:- _____

- (b) Correspondence Address:- _____

Paste your
passport size
recent
photograph duly
attested

Contact No/ Mobile No (Mandatory)

[illegible]

Alternative Contact No.

+91									
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4. E-mail Id (Mandatory)

[illegible]

5. Date of Birth: -----/-----/19-----

Age: Years.....Months.....Days..... (As on last date of submission of application)

6. Marital Status _____ Spouse (job/qualification): _____

7. Category: Unreserved/GC _____ or Reserved (specify): _____ of Haryana only.

8. Examination passed:

Name of the Examination	Month & Year of Passing / completion	Duration in days/ months/ years	No. of extra attempts	Marks obtained	Maximum Marks	Name of Institutions/ University
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 Completion						
Aggregate Marks of all Profs.						
Aggregate % of Marks of all Profs.						

9. Particulars of House Job / Experience:-

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

10. Post Graduate Qualification:

Name of Degree/ Diploma	Name of Institution/ University	No of extra attempt	Date of Joining	Date of Passing	Duration in dd/mm/yy	Aggregate %age
i) PG Diploma						
ii) PG Degree						
iii) DNB/ others(i.e. M. Sc)						
iv) Additional Qualifications i.e. D.M/ M.Ch/ Ph. D						

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

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

12. ACADEMIC ACHIEVEMENTS:

- Best graduate (1st in aggregate in all profs. Exams combined) YES/NO
- 2nd Best graduate (1st in aggregate in all profs. Exams combined) YES/NO
- 1st position in any subject in University exams (During Graduation) YES/NO
- 2nd 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 1 st 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 Cross Blood Banks only)

15. Are you:

- A citizen of India by birth or by domicile
- 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
- *Scheduled Caste of Haryana
- *Backward Class candidate of Haryana
- *Ex-serviceman/Serving Soldier

Certificate to this effect from competent authority should be attached.

16. Is or was you father*

- 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 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

19. Have you ever been removed / dismissed from Govt. Service or compulsory retire, if so full details be

20. Are you willing to accept the minimum initial pay offered? If not, what lowest initial pay would be acc

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 fit post (they must not be related to you)

Name _____

Status _____

Address _____

Name _____

Status _____

Address _____

DECLARATION

I s/o/d/o/w/o..... R/o.....
..... hereby declare that information given below is correct to the best of my
knowledge & belief:

1. 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.
2. 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:-.....

SIGNATURE

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Please write your complete correspondence address:

Name

Address

Pin Code