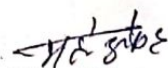


**BHAGAT PHOOL SINGH GOVERNMENT MEDICAL COLLEGE FOR WOMEN,
KHANPUR KALAN (SONEPAT), HARYANA**
Phone No. 01263-283063
Fax No. 01263-283064
**ADVERTISEMENT FOR WALK-IN-INTERVIEW TO FILL UP THE POSTS OF
SENIOR RESIDENTS & DEMONSTRATOR**
Advt. No.: BPS/1/2021

Applications are invited for filling up the posts of Senior Resident & Demonstrator on tenure basis initially for a period of one year (extendable annually upto 02 years) by conducting walk in interviews, in the following Specialty/Super Specialty on 22.01.2021 at 09:00 AM in Director Office. No application form after 12:00 PM will be accepted. Eligibility, qualification, experience etc. and other requirements will be as per Rules of PGIMS, Rohtak. The Eligibility Criteria regarding age, qualification, experience and other terms & conditions, status of vacancy along with prescribed application form may be downloaded from the college website:- www.bpsgmckhanpur.ac.in the following posts are vacant as under:-

SUPER SPECIALITY		PAY SCALES	
SENIOR RESIDENT (02)		PG Doctors	
Pediatrics Surgery (GC-01)	Urology (GC-01)	1 st Year	65700+ Other allowances, as applicable
SPECIALTY POSTS		2 nd Year	67700+ Other allowances, as applicable
SENIOR RESIDENT (33)		3 rd Year	69700+ Other allowances, as applicable
Pediatrics-03(SC-02, GC-01)	Radio-diagnosis - 06 (GC-03, SC-02, Pwd-01)	NON PG Doctor	
Gen. Medicine- 06 (SC-01, BCA-02, EWS-01, ESM-01, BCB-01)	Respiratory Medicine- 01 (Pwd-01)	1 st Year	53100 +Other allowances, as applicable
Obst & Gyane -04 (SC-02, EWS -01, ESM-01)	Gen. Surgery- 06 (SC-02, BCA-01, BCB-01, ESM-01,EWS-01)	2 nd Year	54700 +Other allowances, as applicable
Psychiatry-01(SC-01)	Anesthesia - 03 (SC-02, GC-01)	3 rd Year	56300+ Other allowances, as applicable
Ophthalmology -02(SC-02)	Skin & VD- 01 (SC-01)		
DEMONSTRATOR			
Community Medicine- 02 (Pwd-01,EWS-01)	Biochemistry- 02 (BCA-01,EWS-01))		
Pathology-01(Pwd-01)			

Note: In case if suitable candidate of EWS category not available, the post can be filled up from unreversed category candidate.


Admn. Officer
For Director
BPS, GMC for Women
Khanpur Kalan, Sonapat

Adv. No.:

APPLICATION FORM

Category No. _____

Challan / IPO/ DD No.: _____

Application for the post of _____

Dated: ____/____/____

Department: _____

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)

+91 _____

Alternative Contact No.

+91 _____

4. E-mail id (Mandatory)

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 Institution/ 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.						

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

9. Particulars of House Job / Experience:-

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						

10. Post Graduate Qualification:

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

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

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

RESEARCH ACHIEVEMENTS:

(I) 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 a subject 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)

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