

# RAJENDRA INSTITUTE OF MEDICAL SCIENCES, RANCHI

Advertisement No.....34.....Dated.....04/1/19.....

## **WALK IN INTERVIEW**

Applications are invited for filling up the posts of Senior Residents (Category wise) on Adhoc basis for 89 days in Obst . & Gynaecology Department of Rajendra Institute of Medical Sciences, Ranchi an autonomous institution under Government of Jharkhand.

Name of Department	Post	No. of Post	Category					Date of walk-in Interview 07-01-2019 (Monday)
			UR	ST	SC	BC-I	BC-II	
Obst. & Gynaecology	Senior Resident	1	-	1	-	-	-	
Total		1	-	1	-	-	-	

**Venue: Office of the Director, RIMS, Ranchi.**

**Reporting time for Interaction: 10.00 AM to 11.00 AM.**

### **EDUCATIONAL QUALIFICATION:**

1. The post of Senior Resident in the department of Obst. & Gynaecology MBBS degree from recognized University with a Post Graduate Medical qualification viz. M.S. /D.N.B. in respective discipline from a recognized University/Institute.

### **AGE LIMIT (Maximum age limit as on the date of walk-in-Interview)**

1. 45 years for ST candidates
2. Relaxation for Orthopedics Physical Handicapped(OPH) 50 years for ST candidates.
3. Relaxation of age will be given to the Govt. employee for 10 years as per Govt. of Jharkhand rules.

### **EMOLUMENTS:**

1. PB-III (Rs. 15600-39100) + GP- 6600 + NPA + Other admissible allowances (As per RIMS Regulation 2014).

### **INSTRUCTIONS FOR THE CANDIDATES**

1. Application duly filled in prescribed format and signed by the candidate along with all relevant self attested copy of certificates to be submitted at the time of interview.
2. The candidates are required to produce original of all enclosed documents for verification at the time of interview.
3. Self attested photocopies of all certificate(s) such as all mark sheets (Undergraduate), attempt certificate of MBBS & Ms/DNB certificate of registration, postgraduate passing certificate along with oneself attested passport-size-photograph are required to be attached with the application form.
4. Applications not filled in prescribed format will not be considered.
5. The post of Senior Resident is adhoc basis for the period of 89days only.
6. Employees of Government or Semi-government institutions must bring No Objection Certificate from the employer at the time of interview.
7. The candidate must be a citizen of India.
8. The post(s) is/are whole time and private practice of any kind will not be allowed.
9. No TA/DA will be given to the candidates for Walk-in-interview.
10. Canvassing in any form and/or bringing in any influence will be treated as disqualification.
11. Director, RIMS, Ranchi reserves the right to cancel this advertisement without assigning any reason.
12. All disputes are subject matter of Ranchi Jurisdiction.
13. Advertisement is also available on website [www.rimsranchi.org](http://www.rimsranchi.org).

# Rajendra Institute of Medical Sciences, Ranchi-834009.

## Application Form

Advertisement No.....

Application for the post of.....Department.....

1. APPLICANT'S NAME (In block letters) : .....

2. FATHER'S/HUSBAND'S NAME (In block letters): .....

3. DATE OF BIRTH : .....

4. AGE AS ON (date of Interview) : ..... 5. SEX..... 6. NATIONALITY.....

7. CATEGORY (Write whether Category of Gen/ST/SC/BC-I/BC-II/OPH).....

8. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE: .....

ii. PERMANENT : .....

9. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

S.No.	Examination (s) passed	Subject	College/Institute	Board/University	Yr. of Passing with marks(%)	No. of attempts

10. NO. OF PAPERS PUBLISHED: National..... International.....

11. No. of Oral/Poster papers presented in conference. NATIONAL ----- INTERNATIONAL -----

12. Regn.No.: CENTRAL / STATE MEDICAL COUNCIL (Attached proof): .....

13. DECLARATION:

I,.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate

*[Handwritten Signature]*  
Dean, 4.1.19

Rajendra Institute of Medical Sciences,  
*[Handwritten Date]* 03-1-19 *[Handwritten Date]* 3-1-19