

Mk- jke euksgj yksfg;k vLirky] ubZ fnYyh Dr. Ram Manohar Lohia Hospital, New Delhi LokLF; vkSj ifjokj dY;k.k ea=ky;/Ministry of Health and Family Welfare



Hkkir lidki/Government of India

No. 9-44/06-RMLH(Tech)/

Dated, 22.07.2013

Sub: Notice for Walk in Interview for contractual appointment to the post of Physiotherapist in Dr. R.M.L. Hospital, New Delhi – reg.

Medical Superintendent, Dr. Ram Manohar Lohia Hospital, New Delhi proposes to fill up the seven post of Physiotherapist purely on contract basis for a period of 6 month initially, as per the educational qualification & monthly remuneration given below:-

S.No.	Name	of	the	No.	of	Age	Limit	Essential	Educational	Monthly
	Post			vacar	nt	as	on	Qualificatio	n &	Remuneration
				Posts	*	01.01.	2013	Experience		
1	Physiotherapist			7(Seven)		20-25	Yrs.	Essential:	Diploma in	` 17,140/-P.M.
									apy from a	
								recognised	institution	
								Desirable:	One year	
								experience		
								Physiothera	apy set up in	
								Governmer	nt Hospital	
								/Medical	Institute	
								department	of of	
								orthopaedio	cs/ physical	
								medicine	and	
								rehabilitatio	n (PMR)	
								/Physiother	apy.	

^{*}Vacancies are subject to change on the basis of availability of posts on the date of interview.

Terms and Conditions of appointment

- 1. The above assignment is purely on contractual basis.
- 2. The contractual appointment is for period of Six months initially and can be renewed further as per requirement of the Hospital after giving one day break in service.
- 3. The incumbent selected shall have no right to claim what so ever for regularization of their service in Dr. R.M.L. Hospital, New Delhi.
- 4. The appointee shall be given leave in accordance with the instructions issued by the Government of India from time to time for contract appointment.
- 5. No right to claim Medical reimbursement from the hospital.
- 6. No request to increase of monthly remuneration will be entertained by the Hospital.
- 7. No TA/DA is admissible for the interview.

- 8. Candidate has to inform in one month advance before leaving the job, failing which the remuneration will not be paid to them for the month in which the services are discontinued.
- 9. Contract can be terminated by the Medical Superintendent at any time without assigning any reason.
- 10. The Competent Authority reserves the right of any amendment, cancellation and change to this advertisement as a whole or in part without assigning any reason.
- 11. Candidates to produce two character certificates from different Gazetted Officers.

Suitable and willing candidates may register their names for Walk in Interview on 26th & 27th July, 2013 between 9.00 AM to 11.00 AM in the venue by submitting their duly filed pro-forma affixing a recent passport size photograph as prescribed at Annexure-I along with attested photocopies of requisite certificates. The walk in Interview of such registered and found eligible candidates as per the conditions stipulated will be held on same day from 11.30 AM.

Candidates are advised to download application pro forma from website of Dr. RML Hospital and bring duly filled from for registration. Application pro forma will not be provided at the registration counter.

(Murari Lal Sharma) Deputy Director (Admn.)

Copy to:-

- 1. All Notice Boards of Dr. RML Hospital, New Delhi;
- 2. Notice Board of Safdarjung Hospital, Lady Harding Medical College & Associated Hospital, LNJP Hospital, G.B. Pant Hospital, GTB Hospital and Deen Dayal Upadhyaya Hospital, New Delhi (Through DDA)
- 3. NIC (for uploading the same on Hospital's website)

PROFORMA

1. Post applied for:

2. Full Name (IN BLOCK LETTERS)

3. Father's Name

4. Mother's Name

5. Date of Birth (In Christian era):

6. Permanent address

7. Correspondence address

8. Whether SC/ST/OBC

9. Whether Ex-Serviceman

10. Whether physically handicapped (if so percentage & details of disability)

11. Details of Examinations passed:

S	S.	Examination	University	Year	of	Name/address of	% of
N	lo.			Passing		the Institution	marks
						attended	
1							
2							

- 12. Experience: (a) Name of the Employer, (b) Designation of Post, (c) Pay scale (d) Nature of Duties (e) Period of Employment (f) lat pay drawn (g) Reason for leaving
- 13. Any additional information

Declaration:

I solemnly declare that the statement made by me in this application form is correct to the best of my knowledge & belief and in the event of any information being found false or incorrect or any ineligibility being detected before or after the interview' my candidature is liable to be cancelled.

I fulfil all conditions of eligibility regarding age limit, educational qualification etc for this post.

Dated:			
Place:			

Signature of the Candidate

Affix

attested

photograph

here