

स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान चण्डीगढ़-160012(भारत)
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH.



स्थापना शाखा (नर्सिंग अनुभाग)
ESTABLISHMENT BRANCH (NURSING)
दूरभाष संख्या/Tele. No.-0172-2756427

NOTICE

Walk-in-Interview for filling up vacant posts of Junior Residents (Non-Academic) in the Department of Hospital Administration on Ad-hoc basis for the period upto 30.06.2024 will be conducted on 29.01.2024 at 3:00PM in the Committee Room, Medical Superintendent Office, PGIMER, Chandigarh. The candidates who fulfill the following eligibility criteria are requested to fill the application form and attend the interview alongwith their original testimonials on the date, time and venue mentioned above.

1.	Name of the Post :	Junior Resident (Non-Academic) in the Department of Hospital Administration.
2.	No. of posts :	02(two)
3.	Pay scales :	Rs.15600-39100+GP of Rs.5400/-+NPA Level-10 as per 7 th CPC
4.	Qualification :	1. MBBS passed from recognized university. 2. One year rotator Internship completion certificate. 3. Certificate of Registration with Central/State Medical Council.
5.	Age Limit :	As per PGI rules

Note: No TA/DA shall be paid by the Institute for attending the interview.

Dated, Chandigarh, the
19th January, 2024

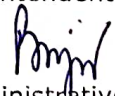
Medical Superintendent
PGIMER, Chandigarh.

Endst. No. EV(9)PGI-MS/MA-14/2024/MSMR 441

Dated: 20/1/24

A copy is forwarded to the following for information and necessary action:

1. All the Clinical Heads of the Departments, PGIMER, Chandigarh.
2. All the Notice Boards, PGIMER, Chandigarh.
3. The Incharge, Website, PGIMER, Chandigarh with the request to display the above mentioned notice alongwith proforma of application form on the PGI Website.
4. PPS to MS for kind information of the Medical Superintendent.


Sr. Administrative Officer (H)
PGIMER, Chandigarh.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH

APPLICATION FORM FOR THE POST OF NON-ACADEMIC JUNIOR RESIDENT IN THE DEPARTMENT OF _____ ON AD-HOC BASIS.

1. Name	:	_____	Photo
2. Father's Name	:	_____	
3. Father's Occupation	:	_____	
4. Date of Birth	:	_____	
5. Nationality	_____	Marital Status _____	
6. Name & Occupation of Spouse (if married)	_____		
7. Present Address	:	_____ _____ _____	
8. Permanent Address	:	_____ _____ _____	
09. Whether belong to SC/ST/OBC/PwBD	_____		
10. Qualification	:	_____	

Examination passed	Name of the Institute or University	Month & Year when passed	Attempts at which passed	Roll No.
1 st Professional MBBS				
2 nd Professional MBBS				
3 rd Professional MBBS				
Final Professional MBBS				

INTERNSHIP COMPLETION DATE _____

PERCENTAGE OF MARKS OBTAINED IN FINAL MBBS EXAMINATION _____

11. Permanent Registration with the Medical Council of India: _____

State in which Registered: _____

12. Experience, if any: _____

Sr. No.	Post held	Name of the Hospital/Institute	Period		Total Period
			From	To	
Total Working Experience (Years/Months/Days)					

13. Contact No.: _____

e-mail ID (written clearly in bold letters): _____

I hereby declared that the information given above is true to the best of my knowledge and belief. If any information is found to be false, I shall be responsible for the consequences.

Dated: _____

(Signature)

NB: Candidate may supply details of their academic achievements like position obtaining in the various professional MBBS examinations. Medals received if any, Academic Merit, Scholarship etc. They may also intimate the detail of the extra-curricular activities. The details may be given on a separate sheet.

* Please attach certificate in support of the above.