

**GOVIND BALLABH PANT INSTITUTE  
OF  
POSTGRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)**  
(GOVT. OF NCT OF DELHI)  
1, J.L. NEHRU MARG, NEW DELHI-110002(INDIA)  
PH.91-11-23233001, 23234242 FAX: 91-11-23221835  
EMAIL:msgbpant@nic.in Website: www.gbpant.delhigovt.nic.in  
(ADMINISTRATION BRANCH)

**F.56/GIPMER/Estt/SR/Interview/2025**

**Dated:-**

**INTERVIEW NOTICE FOR POST OF SENIOR RESIDENTS ON ADHOC BASIS IN RADIOLOGY  
DEPARTMENT AT GIPMER**

Applications are invited for the posts mentioned hereunder of **Senior Residents** purely on adhoc basis in Radiology Department in the G.B. Pant Institute of Post Graduate Medical Education & Research (GIPMER), GNCTD for 44 days or as per further instructions/orders of H&FW Department, GNCTD or till the regular incumbents joins, whichever is earlier. Accordingly, interview will be held on **19.08.2026 (Wednesday) at 12:00 Noon** and reporting time will be 10 :00 AM at Radiology Department and application (as per Annexure-I) must be submitted at D-Block, 5<sup>th</sup> Floor, Academic Cell, GIPMER of the Institute on/before **17.08.2026 upto 04.00 P.M. :-**

| Name of the Post               | Total Vacancy | Date time and venue for interview                          |
|--------------------------------|---------------|------------------------------------------------------------|
| Senior Resident on Adhoc basis | 04            | 19.08.2026 at 12: 00 Noon at Radiology Department, GIPMER. |

**Note: The Number of posts is indicative and may vary depending on vacancies at the time of interview and subject to change without any notice.**

**In case of holiday on a particular day, the interview will be held on the next working day of the scheduled Walk-in interview date.**

**Qualification:** - The applicant must have passed MBBS with P.G Degree or Diploma in the concerned specialty from a Recognized University/Institution and should be registered with the **Delhi Medical Council**. Candidates, who have applied for DMC registration, may also apply.

**Note:-** If Selected, candidates should produce DMC Certificate with P.G Qualification before joining. Those candidates who have applied for registration to DMC shall be provisionally allowed to join on production of DMC fee receipt.

**Pay Band:** - Rs 67,700/- plus usual allowances as admissible under the rules.

- The selected candidates may have to make it convenient to join immediately within 05 days of date of issue of offer letter/ Memorandum.

**Age Limit**

Upper age limit for engagement including Statutory/Autonomous bodies wholly financed by Central Govt. has been decided as 45 years as on interview date. Age limit is relaxable by 05 years for SC/ST candidates & 03 years for OBC candidates. As per Order No. DHFW/Q015/57/2016-HR-Medical-Secy (H&FW)#1245062/1502-08 dated 26.11.2020.

**Note:-**

1. Appointment will be subject to Medical fitness and verification of Certificate(s) of educational qualification/age/caste/DMC registration.
2. The vacancies are likely to vary and may be filled in phases.
3. Panel of wait listed candidates will be prepared separately.
4. No TA/DA will be paid for appearing in the aforesaid interview.
5. The appointment and services of selected SR's will be governed under Residency Scheme.
6. In case, interview cannot be completed on the scheduled date/duration the same shall be conducted on the following working day.

7. No correspondence or personal enquiries shall be entertained.
  8. Bring all original documents along with their self attested photocopies on the scheduled date of Interview & on the date of joining to the post.
  9. The Candidates are advised to check the Institute website regularly for any/further updation in the matter
  10. FEES PAYABLE :- Rs. 300/-(Non Refundable) in the form of Cash/Demand Draft issued by a nationalized bank in favour of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL**, PAYABLE At New Delhi, The eligible candidate can deposit the fee(in Cash) to the Cashier at Accounts branch of this Institute, GIPMER.
- **JURISDICTION OF DISPUTE:** - In case of any Legal dispute, the jurisdiction of Court will be Delhi/New Delhi only.
- **Note:** - The application form is available at the Institute's website [gbpant.delhigovt.nic.in](http://gbpant.delhigovt.nic.in).

SECTION OFFICER  
(GIPMER)

**F.56/GIPMER/Estt/SR/Interview/2025** 8450-59

Dated:- 12/8/25

Copy forwarded to the following for information and further n.a. to:-

1. The Dean, MAMC, GNCT of Delhi with the request to make arrangement to place the above notice on the notice board of your College.
2. The Medical Superintendent, Lok Nayak Hospital, GNCT of Delhi with the request to make arrangement to place the above notice on the notice board of your Hospital.
3. The Head of Department, Radiology Department, GIPMER, New Delhi.
4. The PS to Medical Director, GIPMER, New Delhi.
5. The PS to HOO, GIPMER, New Delhi.
6. The PS to Medical Superintendent, GIPMER, New Delhi.
7. The Incharge (Server Room), GIPMER with the direction to upload the notice alongwith annexure on the website of the institute and H&FW GNCTD immediately.
8. The Notice Board of the Administration Branch, GIPMER, New Delhi.
9. The Incharge Seminar Hall/Auditorium with the request to book the Auditorium alongwith Seminar Hall, if required, on the above mentioned days/dates.
10. Guard file.

SECTION OFFICER  
(GIPMER)

**ANNEXURE-I**

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT**

1. Name (In Block Letters) \_\_\_\_\_

2. Father's/Husband's Name \_\_\_\_\_

3. Correspondence Address (In Block Letters) \_\_\_\_\_  
\_\_\_\_\_

Paste your  
latest passport  
size  
photograph  
duly self  
attested

4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

5. Mobile No. / Local Tel No. (Mandatory): \_\_\_\_\_

6. Date of Birth (Proof to be enclosed): \_\_\_\_\_

7. Present Age (as on Interview date): \_\_\_\_\_

8. Educational Qualification: (Attested Copies of the certificates to be enclosed):-

| S.No: | Exam Passed                                                                         | Year | Board/University | % of marks | No. of Attempts |
|-------|-------------------------------------------------------------------------------------|------|------------------|------------|-----------------|
| 1.    |                                                                                     |      |                  |            |                 |
| 2.    |                                                                                     |      |                  |            |                 |
| 3.    |                                                                                     |      |                  |            |                 |
| 4.    |                                                                                     |      |                  |            |                 |
| 5.    |  |      |                  |            |                 |

09. Whether belongs to SC/ST/OBC (copy of certificates to be enclosed): \_\_\_\_\_

10. Delhi Medical Council Registration No: \_\_\_\_\_

11. Whether worked as Senior Resident on-Adhoc/Regular basis:

| Name of the Institution | Worked as | Period of appointment |    | Specialty in which worked |
|-------------------------|-----------|-----------------------|----|---------------------------|
|                         |           | From                  | To |                           |
|                         |           |                       |    |                           |
|                         |           |                       |    |                           |
|                         |           |                       |    |                           |

12. Date of Passing of  
M.D/M.S/M.B.B.S. \_\_\_\_\_

13. Details of Publications: - \_\_\_\_\_

14. Conference attended: - \_\_\_\_\_

15. Email address: - \_\_\_\_\_

16. Details of the Demand Draft: - \_\_\_\_\_

| Demand Draft/TR-V No. | Date Of Issue | Name of the issuing Bank |
|-----------------------|---------------|--------------------------|
|                       |               |                          |

(Note:-Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V.)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled/terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed. I have / haven't done my Senior Resident Residency earlier, as mentioned above in col. 11.

Date \_\_\_\_\_  
Place \_\_\_\_\_

Details of Enclosures: \_\_\_\_\_

Name:-

Signature of the Candidate:-