



**DR. BABA SAHEB AMBEDKAR HOSPITAL AND MEDICAL COLLEGE**

**(GOVT. OF NCT OF DELHI)**

**SECTOR-06, ROHINI, NEW DELHI 110085**

**EmailId-[residentbsah@gmail.com](mailto:residentbsah@gmail.com)**

**BSAH/SeniorResident/AdhocAdvt-14/SR/08/2025**

In view of the exigencies and functioning of the following department, Dr. BSA Hospital has decided to conduct walk-in interview on **Second and fourth FRIDAY of every month (except Holidays)** till the vacant seats are filled as per the schedule mentioned below.

**TOTAL NUMBER OF VACANCIES TO BE FILLED ARE AS FOLLOWING:- SENIOR RESIDENTS:-**

| SNO | DEPARTMENT        | NO. OF SEATS | DAY OF INTERVIEW                                                            |
|-----|-------------------|--------------|-----------------------------------------------------------------------------|
| 1   | ANESTHESIA        | 08           | FRIDAY (second & fourth of every month or till the regular candidates join) |
| 2   | FORENSIC MEDICINE | 02           |                                                                             |
| 3   | MEDICINE          | 07           |                                                                             |
| 4   | PAEDIATRICS       | 01           |                                                                             |
| 5   | RADIOLOGY         | 03           |                                                                             |
| 6   | GEN SURGERY       | 04           |                                                                             |
| 7   | PSYCHIATRY        | 01           |                                                                             |
| 8   | UROLOGY           | 01           |                                                                             |
| 9   | ENT               | 01           |                                                                             |
| 10  | SKIN              | 01           |                                                                             |
| 11  | OBS & GYN         | 03           |                                                                             |

Applicant should register themselves on the official website of the hospital through the link detailed in the advertisement.

Application in physical form will not be accepted. **Selection will be purely as per the merit list based on the interview.** A registered candidate (**online registration**) should report at the office of Medical Director, Dr. BSA Hospital on the day of interview (as mentioned above) between 9AM to 10AM for verification of admission ticket along with the required documents. Entry will not be allowed after 10AM.

**GENERAL TERMS AND CONDITIONS**

- Number of the posts advertised is provisional and subject to change according to vacancies without any notice.
- Seats will be reserved for differently abled candidates as per the prevailing Govt. rules (5%).
- A panel of wait listed candidates will be prepared for filling the post of SR for vacancies arising in future.
- The decision of the Selection Board / Medical Director of BSA Hospital regarding selection will be final and binding and no representation will be entertained in this regard.
- The appointment and services will be governed under the Residency Scheme. Total tenure of a senior resident will be maximum of three years which will also include any senior residency tenure done in other govt. / govt. funded institution. Appointment will be initially for a period of 89 DAYS. Or till regular candidate joins, whichever is earlier. The appointment is extendable up to maximum of three years on the basis of satisfactory Work & Conduct report from the concerned HOD and written request from the SR concerned.
- The contract of appointment can be terminated by either party by giving a notice of 07 DAYS without assigning any reason.
- All appointment shall be subject to medical fitness and verification of certificate of educational qualification/age/caste/submission of valid DMC post graduation registration certificate etc.
- If any declaration/information furnished by the candidates are found to be false or any material/fact is suppressed willfully, the candidature/appointment will be cancelled/terminated forthwith and due Administrative action/ legal action will be taken. Delhi Medical Council will also be intimated for

initiating appropriate action.

9. No TA/DA shall be paid for participating in the selection process.
10. The applicants are advised to fill up the application form through the link given below very carefully and bring the prefilled printed form on day of interview along with two photos(passport),and self attested photocopies of required documents. Original documents should also be brought for verification.
11. T  
The link for filling of application form is given below (Press Ctrl + Mouse left click or Mouse left click ,whichever works in your computer/ The link can also be assessed by an internet connected smart device like phone/tab etc.): - <https://forms.gle/yrddTVt6NGdKYORDA>  
*(In case link is not working then download the attached form, fill and bring on the day of interview)*
12. No physical application will be accepted.
13. IN CASE OF ANY IN ADVERTENT ERROR DETECTED AT A LARGER STAGE, THE SAME WILL BE RECTIFIED AS PER RULES.
14. Competent authority reserves the right to decide in case of any dispute with regard to selection process.
15. The selected candidates can be posted any where patient care/public interest in emergency.

**Important instructions regarding filling of form:-**

1. The form can only be filled by clicking on the above mentioned link; the link will be valid from date of publication of this advt. Immediately after submitting application the candidate will receive an auto generated email.
2. The auto generated mail will be containing prefilled application form based on data submitted by the candidate. Candidate is required to bring a printout of the same along with photocopy and original soft he below mentioned documents on the day of interview.
3. Interview will be held as per schedule. Candidates are required to report at MD office, Dr BSA Hospital between 9 AM to 10 AM with the required documents. Entry will NOT be allowed after 10:30AM.
4. All the selected candidates will also be required to get their documents verified in the hospital on the day of joining.
5. **The selected candidates are required to join duties within Five days of declaration of result or after getting mail of same (joining will be done after medical formalities).**

**ELIGIBILITY & OTHER IMPORTANT INFORMATION FOR THE POST OF SENIOR RESIDENTS:**

1. **Qualification:** MBBS with Postgraduate degree/DNB/Diploma or equivalent as per Residency Scheme in concerned specialty from a recognized University/Institute on the day of the interview, otherwise candidate will not be allowed for interview. Must **not** have completed 03 years of Senior Residency at any recognized institute including regular or on ad-hoc basis. In the Super-specialty branch special reference shall be given to candidates having Super-specialty qualification or experience.
2. **Age As On Date of Interview.** Shall be maximum of 45 years. The age is relax able up to 05 years for SC & ST and 3years for OBC candidates(Non Creamy layer belonging to Delhi only).
3. **Pay Scale:** Shall be in accordance with 7thCPC guidelines as adopted by GNCT of Delhi.
4. **Candidate must be registered with Delhi Medical Council along with post graduate degree/diploma i.e. having updated DMC on the day of interview otherwise candidate will not be allowed for interview.**
5. **Candidate will not be allowed for interview on the basis of having acknowledgment of DMC.**
6. **Total duration of Senior Residency is three years irrespective of any institute. If a candidate has done Senior Residency from any Govt./ Govt aided institute, but total duration one is less than three year, then he/she is eligible for appointment for the rest of the tenure so as to complete three year tenure of Senior Residency. However, under NO circumstances, total duration of senior residency will NOT exceed three years, including the tenure done else where.**

7. Those who have already done Senior Residency in any of the Govt. / Govt. aided Institution for three year are not eligible. However ,exception to this rule will be observed in case fresh candidates for Senior Residency are not available in the specialties where the reisperpetual shortage like Radiology, Anesthesia and General Medicine and allied. They will be selected as per the relaxed eligibility criteria, instructions contained in circular no. F. No. 212/26/2010/H&FW/1996-2045 Dated 10/06/2011 of Health & Family Welfare, Delhi Govt. Separate list will be prepared for fresh candidates and candidates shortlisted under relaxed criteria. Under relaxed norm all appointments for Senior Residents from the second list will be on adhoc basis upto a maximum of one year only.

8. In case eligible candidates as per requisite qualification are not available then Non post Graduate candidate having 02 years experience(Govt. Hospital only) in respective branch shall be considered.

9. Candidature will be rejected if any discrepancy is detected in document/information at any stage of recruitment

10. The following documents are required in original along with self attested photocopies for verification on the day of interview in the given order:-

- a. Print out of pre-filled online Application Form along with the one photograph pasted on the printout of the application form.
- b. DMC registration (**MBBS and requisite post graduate qualification**)
- c. X class certificate(for Date of Birth)
- d. Attempt Certificate
- e. Degree(MBBS & Postgraduate degree/DNB or Diploma)
- f. Experience certificate if applicable
- g. Aadhaar Card/Voter ID/Passport
- h. **Publications(indexed journal only)**

11. The candidate should report for the interview on the **scheduled date, between 9.00 AM and 10AM** at the Office of Medical Director, Dr. BSA Hospital, Sector-VI,Rohini,Delhi-110085.

12. **The result shall be displayed on the website of the hospital and notice board as early as possible . Selected candidates would be required to join with in one week.**

13. **All candidates are advised to see the notice board/Official website of the hospital for list of shortlisted/selected candidates regularly. No letter or personal communication shall be issued.**

**Note:-**Application form and other information can be viewed and downloaded from the official website [www.delhi.gov.in/underthelinkDepartments/Dr.B.S Ambedkar Hospital](http://www.delhi.gov.in/underthelinkDepartments/Dr.B.S Ambedkar Hospital)

**REPORTING FOR INTERVIEW-between 9.00AM and 10.30AM.**

1. Linkforapplication:- <https://forms.gle/yrddTVt6NGdKYQRDA>
2. *(In case link is not working then download the attached form, fill and bring on the day of interview)*
3. **VENUE-OFFICE OF MEDICAL DIRECTOR, DR.BSAHOSPITAL ,SECTORVI ,ROHINI NEWDELHI-110085.**
4. **GoogleMap location (click the link below):**<https://goo.gl/maps/NPt7gLLnW3s6dNCF8>
5. **Dr BSA Hospital is located near Rohini West Metro station on Redline Metro.**



# DR. BABA SAHEB AMBEDKAR HOSPITAL

Dept. of Health & Family Welfare  
Govt of NCT of Delhi

Affix recent passport  
size **Self attested**  
photograph

Application for the post of Senior Resident

**Registration Number :-**

Application submitted date:-

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                         |                       |                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------------------------------------------------------|--|
| 1                                                                                                                                                                                                                                                                                                                                                                                         | Speciality                                                                                             | Senior Resident (_____) | 2                     | Category                                                  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                         | Sub Category                                                                                           |                         | 4                     | Gender                                                    |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                         | Name of candidate                                                                                      |                         | 6                     | Date of Birth                                             |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                         | Father's Name                                                                                          |                         | 8                     | Mobile No                                                 |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                         | Email Id                                                                                               |                         | 10                    | DMC Number<br>updated with<br>Degree/ Diploma/<br>DNB/DGO |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                        | Aadhaar No /Voter Id No /Passport Number/ Driving License No                                           |                         |                       |                                                           |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                        | Address (As on document ID submitted above- Aadhar No/<br>Voter Id card/ Passport)                     |                         |                       |                                                           |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                        | Qualification                                                                                          |                         |                       |                                                           |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                        | (a)College Name                                                                                        |                         |                       |                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                           | (b) University Name                                                                                    |                         |                       |                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                           | (c) Year of Passing                                                                                    |                         | (d) Number of attempt |                                                           |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                        | Details of work experience / Senior residency in Delhi Govt. (if<br>any) (Hiding of facts is omission) |                         |                       |                                                           |  |
| 16                                                                                                                                                                                                                                                                                                                                                                                        | Number of publications in<br>indexed journal                                                           |                         |                       |                                                           |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                        | Suffering from any disease                                                                             |                         |                       |                                                           |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                        | Additional information, if any                                                                         |                         |                       |                                                           |  |
| <b>Undertaking</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                         |                       |                                                           |  |
| I solemnly declare that the above provided information (point 1 to 18) by me are TRUE to the best of my knowledge and nothing has<br>been concealed thereof. If any information given above is found false/incorrect/omission of facts, my candidature/service may be<br>terminated at any stage of the procedure of recruitment and action as per rules/law may be initiated against me. |                                                                                                        |                         |                       |                                                           |  |
| Name & Signature of candidate                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                         |                       |                                                           |  |