



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

(Established by Government of NCT of Delhi)

SECTOR-16C, DWARKA: NEW DELHI-110075

Guru Gobind Singh Indraprastha University is a dynamic growth oriented organization established to facilitate and promote studies and research in emerging areas of higher education with focus on professional education. The University invites applications, on the prescribed form, to fill up the sanctioned vacant post of Medical Officer on part-time contract basis:

Eligibility qualification:

Medical Officer: PB-3 of Rs.15,600-39,100 with GP of Rs.5400/- – M.D. in an appropriate branch of Medicine with at least 02 years post doctoral experience in a recognized hospital/ dispensary. OR M.B.B.S. with minimum 55% marks or equivalent including completion of compulsory rotatory internship followed by atleast 05 years post degree experience in a recognized hospital/ dispensary/ nursing home.

NOTE:

- (i) Applications, on the prescribed form, duly filled in, and complete in all respects, should be submitted in the University or sent by post, so as to reach the Incharge (Pers.), Room No. 115, Administrative Block, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi-110075 latest by **07th June, 2011**.
- (ii) Incomplete applications and those received after due date shall be rejected summarily.

Registrar

Last Date: 07.06.2011



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C, DWARKA, NEW DELHI-110 075**

**APPLICATION FORM FOR THE POST OF
MEDICAL OFFICER**

Space for
self attested
Photograph

- Note :**
- 1. Fill in all the information in block letters only.**
 - 2. Attach separate sheet in case of insufficient space in any column.**
 - 3. Attach copies of the qualifying degree(s)/certificates only.**

1. Post applied for :
2. Candidate's name in full :
- Father's/husband's name :
- Marital status : 5. Sex:
6. Permanent residential address:

PIN
7. Address for correspondence :

PIN
- (a) Telephone No. (with STD Code)
- (b) Mobile No.:
- (c) Fax No. (with STD Code)
- e-mail address
10. Date of Birth :
11. Nationality :

1 Certified that the information given by me in the application form is complete and correct to the best of my knowledge and belief and nothing has been concealed there from. I also understand that in case any information is found to be false, my services shall be liable to be terminated without notice.

I have read the instructions and guidelines issued for the candidates.

Date :
Place :

Signature of the candidate

1 Recommendations of the employer (to be submitted by those who are in employment)

Date :
Place :

Signature seal of the employer