

## Advt. no.- SRTR/vss-2015(1)

Veer Surendra Sai Institute of Medical Sciences & Research Burla, Sambalpur, Odisha-768017 Phone: +91-663-2430768 Fax:+91-6632430767

E-mail: vssmcburlaorissa@gmail.com

Website-www.vimsar.ac.in



## ADVERTISEMENT FOR SENIOR RESIDENT / TUTOR

(Approved by Government of Odisha, Health & Family Welfare Department)

LAST DATE FOR RECEIPT OF APPLICATIONS: 15<sup>th</sup> May 2015(5 PM)
DATE OF COUNSELLING 29th May 2015 (reporting time 9 AM)

VENUE: - Veer Surendra Sai Institute of Medical Sciences & Research (VIMSAR)

[WARNING: Application received late or incomplete in any respect is liable to be summarily rejected. No correspondence on that score will be entertained.]

- 1. Applications in the prescribed format are invited from eligible candidates for the posts of Senior Residents/Tutors in the following disciplines at Veer Surendra Sai Institute of Medical Sciences & Research. The engagement shall be purely temporary and renewable on year to year basis for a maximum period of three years subject to satisfactory performance. The inservice departmental candidates will be entitled for salary and the direct candidates will be paid remuneration of Rs.25,000/- (Rupees twenty five thousand only) per month or as decided by the government. The posts are non-practicing.
- 2. VACANCY AVAILABLE (exact vacancy position is likely to change subject to administrative exigencies at the discretion of the authorities)

Anatomy (1), Biochemistry (1), FMT (1), Microbiology (2), Pathology (1), Pharmacology (1), Community Medicine (2), General Medicine (4), O&G (3), Paediatrics (1), Pulmonary Medicine (1), Psychiatry(2), General Surgery (5), Orthopedic Surgery (2), Dental Surgery (2), Radiodiagnosis (6), Anesthesiology (9), Cardiology (2), Transfusion Medicine(1).

#### 3. RESERVATION:

The reservation policy of the State Govt. as prevalent will be applicable.

#### 4. AGE:

The candidate must not be above 40 years of age as on 1<sup>st</sup> January' 2015. The upper age limit will be relaxed up to 5 years in case of Women/ST/SC Candidates, 3 years for SEBC Candidates and by 10 years for Physically Challenged candidates. The same candidate cannot avail relaxation on more than one criteria simultaneously.

#### 5. QUALIFICATION:-

A candidate must possess a MD/MS degree in concerned discipline for SR in clinical departments of broad specialties; In Superspeciality departments (Neurosurgery/ GU Surgery/Nephrology/ Neurology/Cardiology) DM/MCh degree in concerned discipline is required failing which relevant MD/MS degree holders as per MCI norm will be considered. For Transfusion Medicine MD in Transfusion Medicine/ Pathology is required.

ii. In case of pre/paraclinical disciplines MBBS is the basic qualification for the post of tutors; however preference will be given to candidates having MD/MS degree in concerned discipline.

iii. Candidates with MD/MS and Superspeciality degree are eligible to apply only in their

concerned discipline as Tutor or Senior Resident.

iv. In case of non-availability of sufficient number of MBBS candidates, M.Sc. degree in Medical Anatomy/ Medical Physiology/ Medical Biochemistry/ Medical Pharmacology/ Medical Microbiology will be considered in respective discipline as prescribed by MCI.

### 6. OTHER ELIGIBILITY CONDITIONS:

i) The candidate must be a citizen of India.

ii) The candidate must have registered his/her qualification at Central/State Medical Council .

iii)The candidate must not be continuing or have completed the tenure as Senior resident/Tutor in any MCI recognized Institute.

iv) The candidate whose service as SR/Tutor has been terminated by any govt. medical college in the state for whatsoever reason will not be considered for re-appointment.

### 7. APPLICATION FEE:

For each discipline applied for, a candidate is required to pay a non-refundable and non-adjustable fee of Rs.1000/- (Rupees One Thousand only) in shape of Demand Draft (signed at back by the candidate) to be drawn in favour of 'Principal, VSS Medical College, Burla' payable at 'SBI Burla Branch (SBIN-0002034)'.

## 8. DOCUMENTS TO BE ATTACHED: (Self-attested photocopies)

[If a candidate claims to possess qualification equivalent to the prescribed qualification, the guiding rule/letter of authority must be furnished with the application form]

- 1) One passport size recent photograph signed by the candidate at front and pasted on the application form;
- 2) H.S.C. or equivalent Certificate in support of age;
- 3) +2 or equivalent Examination Certificate;

4) MBBS/BDS/MSc Certificate;

5) Certificate of MD/MS/MCh/DM degree;

- 6) Mark list in support of qualifying examinations including fail marks; (as in clause-ii to v)
- 7) 'Chance Certificate' for all qualifying examinations;(as in clause-ii to v)

8) Certificate of Internship Completion;

- 9) Certificate Medical Registration for Medical Qualifications.
- 10) 'Service Certificate' from competent authority for Govt. of Odisha employees.
- 11) 'No Objection Certificate' from non-state govt. employers/authorities (format as
- 12) enclosed);
- 13) Certificate from competent authority in support of Reservation;

## 9. METHOD OF SELECTION

a)The selection of candidates for recruitment to the posts will be made on the basis of career assessment i.e. MBBS/BDS/MSc (60%),Intermediate(20%) and HSC or equivalent (20%);One mark will be deducted from the accrued career mark for each case of failure / extra attempt taken in any qualifying examination.



- b) The Selection Committee at their discretion may short-list the candidates to a reasonable number .
- c) Merit List will be published in website 'www.vimsar.ac.in' `for the counseling as per date , time and venue as notified above.)
- d) The candidate has to appear personally at counseling for document verification failing which, his/her claim will be forfeited.
- e) No postal intimation for counseling will be issued.

#### 10. HOW TO APPLY

- a) Candidates are required to apply to the Director, Veer Surendra Sai Institute of Medical Sciences & Research, Burla., Sambalpur, Odisha, Pin:-768017' in the prescribed format, downloadable from 'www.vimsar.ac.in' website.
- b) Candidates are required to send their applications by Registered Post/ Speed Post only with superscription on the envelope "Advt. no. SRTR/vss-2015 (1)".
- c) The candidate has to submit a **single application** form duly filled in even if he/she is applying for multiple disciplines; however a single Demand Draft worth an amount
  - @ Rs.1000 per discipline has to be enclosed.
- d) e-application shall not be entertained.

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Sd/-Director

Veer Surendra Sai Institute of Medical Sciences & Research, Burla.

Dated the 28th April 2015.

# APPLICATION FORM

[two pages]
(Advt. No. SRTR/vss-2015(1)

[this box is for office use only]

| 1. Name of the app  | olicant:( cap                                   | pital le | tters           | )          |                             |        |  |                  |  |    |                               |   |                |
|---|---|----------|-----------------|------------|-----------------------------|--------|--|------------------|--|----|-------------------------------|---|----------------|
|   |   |          |                 |            |                             |        |  |                  |  |    | <b>4.</b> space to            |   |                |
| 2. No. of discipline(s) applying for :                        |   |          |                 |            |                             |        |  |                  |  |    | paste,<br>do not staple       |   |                |
| 3. Name of discipline(s) applying for :                       |   |          |                 |            |                             |        |  |                  |  |    | your recent                   |   |                |
| a. b.   |   |          |                 |            |                             |        |  |                  |  |    | passport<br>photo self-signed |   |                |
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| e. f.   |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| 5. Address for Com  | 6.Address of Current Place of posting:          |          |                 |            |                             |        | 7.Email-ID:                                      |                  |  |    |                               |   |                |
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|   |   |          |                 |            |                             |        |  | 8.Cell phone:    |  |    |                               |   |                |
| g.Whether serving in Govt. of Odisha [tio                     |   |          |                 | ckl Yes No |                             |        |  |                  |  | No |                               |   |                |
| 10.Sex [Tick]: Ma   |   |          | . G LUIC        |            | ation                       | ality: |  | . 55             |  |    |                               |   |                |
| 10.Sex [Tick]: Male / Female  12.Date of birth in figure Year |   |          | 11.Nationality: |            |                             |        | Date   |                  |  |    |                               |   |                |
|   | 13. Age (on 1 <sup>st</sup> January 2015) Years |          |                 | Months     |                             |        | Days   |                  |  |    | 74                            |   |                |
|   | 4. Whether claiming age relaxation:             |          |                 | Yes        | No                          |        | Grou   | nd of relaxation |  |    |                               | 74  |                |
|   |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| 15.Reservation<br>Category (tick):                            | SC  |          | ST              |            |                             |        | SEBC   |                  |  | UR |                               |   |                |
| 16.Marks:   |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| Examination   | Board /<br>University                           |          | Year of passing |            | Chance(s)<br>for<br>Passing |        | Maximum Marks (without extra –optional subjects) |                  | Marks for selectio<br>(20% of Class 10<br>+ 20% of +2<br>+ 60% of<br>MBBS/BDS/M.Sc.) |    |                               | Marks<br>deducted<br>(1 mark for<br>each extra<br>chance) | Final<br>Score |
| a. Matriculation  |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| b. +2   |   |          | 111             |            |                             |        |  |                  |  |    |                               |   |                |
| c. MBBS/BDS/M.Sc  |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| d. MD/MS  |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
| e. DM/MCh   |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
|   |   |          |                 |            |                             |        |  |                  |  |    |                               | TOTAL   |                |
| 17. Medical Registration Registra                             |   |          |                 |            |                             |        |  |                  |  |    |                               |   |                |
|   |   | Na       | ame c           | of Cour    | ncil                        |        |  |                  |  |    |                               |   |                |

| 18. Service Particulars: (add extra paper if sp              | pace is insufficient)                                |                            |        |  |  |  |  |  |
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| riace  | Designation  | From                       | То     |  |  |  |  |  |
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|  |  |                            |        |  |  |  |  |  |
| 19. Details of Demand Draft enclosed : Amount (Rs)NoNo       |  |                            | ed for |  |  |  |  |  |
| 20.Supporting Documents (photocopies)                        | : (Tick and serially numb                            | oer those enclosed )       |        |  |  |  |  |  |
| HSC/ Matriculation Pass Certificate                          | DM/MCh Chance Certificate                            |                            |        |  |  |  |  |  |
| +2 Pass Certificate  | Service Experience                                   |                            |        |  |  |  |  |  |
| MBBS/BDS/M.Sc. Pass Certificate                              | No Objection Cer                                     | *                          |        |  |  |  |  |  |
| Internship Completion Certificate                            | HSC/ Matriculation                                   |                            |        |  |  |  |  |  |
| MD/MS Pass Certificate                                       | +2 Mark Sheet  |                            |        |  |  |  |  |  |
| DM/MCh Pass Certificate                                      | MBBS/BDS/M.Sc.                                       |                            |        |  |  |  |  |  |
| MBBS /BDS/MSc Chance Certificate                             | Certificate of Res                                   |                            |        |  |  |  |  |  |
| MD/MS Chance Certificate                                     | Certificate of Medical Registration (latest degree)  |                            |        |  |  |  |  |  |
| 21.DECLARATION:  |  |                            |        |  |  |  |  |  |
| I, Dr  |  |                            |        |  |  |  |  |  |
| A Read of College Control                                    |  |                            |        |  |  |  |  |  |
| hereby declare that, [tick options a                         | ipplicable]  |                            |        |  |  |  |  |  |
| I have not worked/am   | not working as SENIOR F                              | RESIDENT /TUTOR            |        |  |  |  |  |  |
| in any MCI recognized N                                      |  |                            |        |  |  |  |  |  |
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| I am working /have wor                                       |  |                            |        |  |  |  |  |  |
| for the period fromto  |  |                            |        |  |  |  |  |  |
| Tor the period from  |  |                            |        |  |  |  |  |  |
| My service as SENIOR RESIDENT /TUTOR has not been terminated |  |                            |        |  |  |  |  |  |
|  | llege in the state for wh                            |                            |        |  |  |  |  |  |
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|  |  |                            |        |  |  |  |  |  |
| Date-  | Fu   | ıll Signature of Applicant |        |  |  |  |  |  |

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# **NO OBJECTION CERTIFICATE**

(for Non-Odisha Govt. Employer/ Authority )
To whomever it may concern

| This is to certify that the undersigned has no objection whatsoever if        |          |
|---|----------|
| Dr  |          |
| working as  |          |
| at  |          |
| applies for the post of Senior resident/Tutor at VSS Medical College, Burla   |          |
| and he/she will be relieved in time in case of his/her selection to the post. |          |
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| Signature of Competent Authority /Employer:                                   |          |
| Full Name of Competent Authority /Employer :                                  |          |
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