



DIAMOND JUBILEE YEAR

GOVT OF NCT OF DELHI
GOVIND BALLABH PANT INSTITUTE OF
POST GRADUATE MEDICAL EDUCATION & RESEARCH
(GIPMER)

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F.NO.56/Academic Cell/GIPMER/2022/PDCC/ 3146

Dated: 28/8/2024

Notice for Post Doctoral Fellowship & Certificate Courses

The Health & Family Welfare Department, Govt. of NCT of Delhi invites application from eligible candidates in prescribed format for filling up of 12 Seats for Post Doctoral Fellowship and Post Doctoral Certificate Courses in different specialties in G. B. Pant Institute of Post Graduate Medical Education and Research (GIPMER). The details of seats are given below. The application complete in all respect must reach the office of the Registrar Academic Cell, D Block, 5th Floor, GIPMER New Delhi-110002, GB Pant Institute by 16th September 2024 up to 5:00 PM. The format of application, eligibility criteria and other details are available on the website of this institute i.e. <http://gb pant.delhigovt.nic.in> The incomplete application shall be summarily rejected. Interview shall be held on 04.09.2024 at 2.00 PM at this institute. Detailed schedule of the interview is available on the website of the institute.

POST DOCTORAL FELLOWSHIP COURSES

Department	Courses	Seats	Eligibility
GI Surgery	Advanced Laparoscopic GI Surgery	02	#Mch / Dr. NB in the Specialty
Neurology	Headache Medicine	02	#DM/ Dr. NB in the Specialty
CTVS	Paediatric & Congenital Cardiac Surgery	02	#Mch/ Dr. NB in the Specialty
Neurosurgery	Endovascular Neurosurgery	02	#Mch/ Dr. NB in the Specialty

POST DOCTORAL CERTIFICATE COURSES

Department	Courses	Seats	Eligibility
Pathology	Gastro Intestinal and Hepatopathology	01	#MD/ Dr. NB in the Specialty
Pathology	Neuro Pathology	01	#MD/ Dr. NB in the Specialty
Anaesthesiology	Critical care Medicine with Specialist training in Gastro & Hepatobiliary, Neuro & Cardiac Critical Care	02	#MD/ Dr. NB in the Specialty

The candidates appearing in examination in the current year are also eligible for the above courses.

- Duration of the courses are one year.
- Salary for Post Doctoral Fellowship and Certificate Courses in the Level-11.
- The Application fee for each course is Rs. 1000/- (Rupees one thousand only) in form of draft in favour of the Medical Superintendent GB Pant Hospital or TR V from Cashier of GIPMER.
- The application must reach on or before the last date of application i.e. 16th September 2024 at 5.00 pm. in the office of Registrar Academic Cell D Block, 5th Floor, GIPMER New Delhi-110002.
- The interview will be held in the concerned departments of this institute on the 17th September 2024 at 2.00 PM.
- The Session of the course may begin : 1st October 2024 and maximum extension for joining shall be one month from the commencement of session and no request for further extension shall be entertained.

Swapan
REGISTRAR ACADEMIC CELL, GIPMER

Note:- Candidates are advised to visit regularly the institute Website " <http://gb pant.delhigovt.nic.in> " for further updates. The Medical Director, GB Pant Institute reserves the right of any amendment/cancellation and changes of this advertisement whole or in part without assigning any reason.

ANNEXURE-I

APPLICATION FORM FOR THE POST DOCTORAL FELLOWSHIP & POST DOCTORAL
CERTIFICATE COURSES GIPMER

Programme:- _____

Category (tick any:- GEN/SC/ST/OBC/PH (attach certificate)

1. Name in Block letter _____

2. Father's N/Husband's Name: _____

3. Correspondence Address(In Block letters) _____

4. Permanent Address: _____

5. Mobile No. _____

6. Email Address _____

7. Date of Birth _____

8. Present age (as on 15.09.2024) _____ years _____ months _____ days

9. Educational Qualification: (Self attested copies of certificate be enclosed):

S.No.	Exam Passed	Year	Board/ University	% of marks	No. of Attempt
1					
2					
3					
4					
5					

10. Delhi Medical Council Registration No. _____

Paste your latest
passport size
self attested
photograph

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

DM/M.Ch./M.D/M.S/M.B.B.S. -----

13. Details of Publications :- _____

14. Conference Attended :- _____

15. 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.

Date _____

Place _____

Details of Enclosures:

Name: _____

Signature of the Candidate : _____