



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/ 2094.

Dated: 13/12/2023

Advertisement 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 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-527, D Block, 5th Floor GB Pant Institute by **20.12.2023 up to 2:00 PM alongwith fee in the form of DD of Rs. 1000/- in favour of Medical Superintendent G B Pant Hospital, New Delhi of each course.** The format of application, eligibility criteria and other details are available on the website of this institute i.e. <http://gbpant.delhigovt.nic.in> The incomplete application shall be summarily rejected. Interview shall be held on **20.12.2023 at 2.00 PM** in the concerned Department 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 in the Specialty

POST DOCTORAL CERTIFICATE COURSES

Department	Courses	Seats	Eligibility
Anaesthesiology	Critical care Medicine with Specialist training in Gastro & Hepatobiliary, Neuro & Cardiac Critical Care	01	#MD in the Specialty

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

- Duration of the courses shall be one year.
- Salary for Post Doctoral Fellowship Courses in the Level-11 and for Post Doctoral Certificate Courses in the Level-10 as the 7th CPC.

Suagan
REGISTRAR ACADEMIC CELL, GIPMER

Note:- Candidates are advised to visit regularly the institute Website "<http://gbpant.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.

Copy to :
Incharge, IT Branch GIPMER with the request to upload the same on the website of this institute urgently.

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 _____

Paste your

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 17.07.2023) _____ 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. _____

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	

Paste you latest
passport size
self attested
photograph

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. **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 : _____