National Institute of Tuberculosis and Respiratory Diseases

(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India) Sri Aurobindo Marg, Near Qutab Minar, New Delhi-110030

WALK-IN-INTERVIEW

Eligible candidates from Indian Nationals may appear for walk-in-interview for the posts of Senior Resident in various specialties in pay level 11 of pay matrix as per 7th CPC on 17.04.2025 (Thursday) at 09.00 AM in NITRD.

S.No.	Name of Post	No. of posts
1	Senior Resident (TB & Respiratory Diseases)	(6) 2 UR, 1 OBC, 1 SC, 1 ST and 1 EWS.
4	Senior Resident (Thoracic Surgery)	UR-1
5	Senior Resident (Radiology)	UR-1

• Detail of the posts, qualifications, terms and conditions etc. can be obtained from website www.nitrd.nic.in /Institute's notice board.

DIRECTOR

National Institute of Tuberculosis and Respiratory Diseases

(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India) Sri Aurobindo Marg, Near Qutab Minar, New Delhi-110030

DETAILS OF QUALIFICATIONS, EXPERIENCE AND AGE REQUIRED FOR THE POSTS

For S.No.1.

<u>Senior Resident (TB & Respiratory Diseases)</u> - (6) 2 UR, 1 OBC, 1 SC, 1 ST and 1 EWS. Pay level 11 of Pay Matrix as per 7th CPC

Essential: A. Educational: (i) MBBS with Post Graduate Degree/Diploma in the concerned speciality (approved by MCI) failing which MBBS with two years experience in a Government Organization in the concerned speciality. Preference will be given to those who possess Post Graduate Degree.

Age: 45 years as on the date of interview.

For S.No. 2.

Senior Resident (Thoracic Surgery) – 1 [UR-1)

Pay level 11 of Pay Matrix as per 7th CPC

Essential: A. Educational: (i) MBBS with Post Graduate Degree/Diploma in the concerned speciality (approved by MCI) failing which MBBS with two years experience in a Government Organization in the concerned speciality. Preference will be given to those who possess Post Graduate Degree.

Age: 45 years as on the date of interview.

For S.No.3.

Senior Resident (Radiology) – 1 [UR-1)

Pay level 11 of Pay Matrix as per 7th CPC

Essential : A. Educational : (i) MBBS with Post Graduate Degree/Diploma in the concerned speciality (approved by MCI) failing which MBBS with two years experience in a Government Organization in the concerned speciality. Preference will be given to those who possess Post Graduate Degree.

Age: 45 years as on the date of interview.

• The candidates not belonging to above reserved categories posts may also apply for contractual appointment.

Conditions of Recruitment:

- 1. Eligible candidate will present themselves for registration at 10.00 AM in Administrative block on the day specified for the interview of a particular specialty alongwith the application duly filled in the prescribed format as per annexure-I with all relevant document in original together with attested copies (by Gazetted Officer) in the support of their candidature for the post. No application of candidate will be received after 10.00 AM. Interview will start from 11.00 AM onwards.
- 2. Crucial date of determination of eligibility with regards to age, educational qualification etc. will be the date of registration of the candidates appearing in the interview.
- 3. Candidates must be registered with Delhi Medical Council before joining the post, if selected.
- 4. House Rent Allowance will not be admissible. Residential Accommodation in the Institute campus, if available, will be provided to facilitate working.
- **5.** Other service conditions will be applicable as per prescribed by the Govt. of India from time to time.
- **6.** The candidate who is already in Govt. Service should submit NO OBJECTION CERTIFICATE from the employer at the time of interview.
- 7. Inter-hospital/Inter-Institution transfer shall not be permitted.
- **8.** Candidate must bring the following original certificates with attested (by Gazetted Officers) copies at the time of interview:
- · Certificate in support of age (10th Certificate).
- · Certificate in support of educational qualifications.
- · Experience certificate, if any.
- Medical registration certificates of DMC.
- · Mark Sheets of MBBS Part I, II & final year.
- · Undergraduate/Post graduate attempt certificate.
- SC/ST/OBC Candidates must bring community certificate in the prescribed format of Govt. of India.
- Physically Handicapped Certificate from Competent Authority, where applicable.
- The candidate must bring the filled application from as per format given **ANNEXURE-I** and also paste recent passport size photograph on it.
- 9. No correspondence or personal inquiries shall be entertained.
- **10.** The candidates are advised to ensure that they fulfill the eligibility criteria and mention in the advertisement before coming for walk-in-interview.
- 11. No TA/DA will be paid for attending the interview.
- **12.** Application form in Annexure-I alongwith eligibility criteria can be download from our official website www.nitrd.nic.in.

DIRECTOR

Applio	cation form for the	e post of Se	enior/Ju	ınior Resid	dent in t	he de	epartment of		
1. Name in fu	ıll (capital letters)			:					
2. Sex	:					.ffifix passa.aporta‡			
3. Age & Dat	:				S	ize phot∜otg _€ ,assph			
4. Whether be	elong to SC/ST/OB	C		:				()	Self Atte _u ed)
•	certificate in the pr to post in the Cent								
5. Nationality	:								
6. Address fo	:								
7. Permanent	:								
8. Particulars	of exam passed (M	IBBS Onwa	ards)	:					
Name Examination	Class/Divisio		r of sing	No. attempts	of	1	itute/College nded	U	niversity
9. Whether o	btained any position	n in the uni	versity,	if so, a cop	y of the	certi	ficate to be en	closed.	
10. Prize obta	ained, if any (copies	s of certific	ate to be	e enclosed)):				
11. Extra Cur	ricular activities, if	any (copie	s of cert	tificate enc	losed):				
12. Experience	ce after MBBS			:					
13. Experience	ce after PG			:					
14. Number o	of Publications, if a	ny (please o	enclose o	details):					
15. Whether	at present employed	d, if so, deta	ails of e	mploymen	t and dat	te of j	oining etc. to	be mentione	d:
Name of employer	Designation	Pay	Nati		Period of stay		l of stay	Last pay	Reason for
		Scale	oral	ıties	From		То	drawn	leaving
16. Medical o	council Registration	Number &	z Place o	of Registra	tion	:			
17. Any other				C		:			
18. List of en			:						
	<u>ION</u> : I solemnly d	eclare that	the abo	ve stateme	nts mad	e by	me are correc	t to the best	of

Signature of Candidate
TELEPHONE NO. ______
email: _____