



**DELHI CANTONMENT BOARD
DELHI CANTONMENT – 110010**

ENGAGEMENT NOTICE – CORRIGENDUM

No. DCB/CGH/2024

Dated: 16.02.2024

Reference Notice No. DCB/CGH/2024 dated 25 January, 2024.

2. The posts at S. Nos. 7 – 11 stands withdrawn due to administrative reasons. The other posts and the terms & conditions in the notice under reference shall remain same.

Sd/-
Chief Executive Officer
Delhi Cantonment Board

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DELHI CANTONMENT BOARD
DELHI CANTONMENT -10.

ENGAGEMENT NOTICE

DCB/CGH/24

Dated: 25.01.2024

Applications are invited for the following posts for Cantonment General Hospital, Delhi Cantonment, on purely contract basis:

S. No.	Name of the Post	No. of Posts	Qualification	Minimum Post-qualification Experience	Remuneration
1.	Senior Gastroenterologist	1	DM (Gastroenterology) / equivalent	4 years post DM; Proficiency in GI Endoscopy (diagnostic & therapeutic)	Procedure-wise as a multiple/ fraction of CGHS rates as mutually agreed by Gastroenterologist & the Board.
2.	Senior Cardiologist	1	DM (Cardiology)/ equivalent	04 Years post DM esp in cath lab procedures	Procedure-wise as a multiple/ fraction of CGHS rates as mutually agreed by the Cardiologist & the Board.
3.	Junior Gastroenterologist	1	DM (Gastroenterology)/ equivalent	Proficiency in GI Endoscopy (diagnostic & therapeutic)	Monthly remuneration as mutually agreed by Gastroenterologist & the Board.
4.	Junior Cardiologist	1	DM (Cardiology)/ equivalent	-	Monthly remuneration as mutually agreed by the Cardiologist & the Board.
5.	Medical Officer (Gastroenterology)	2	MBBS	1 year in Gastroenterology Deptt	Rs. 1,13,434/- per month (All inclusive, consolidated)
6.	Medical Officer (Cardiology)	1	MBBS	01 year in Cardiology	Rs. 1,13,434/- per month (All inclusive, consolidated)

Council Registration: The applicant must be registered with the relevant medical council. **Duration of Contract:** Initially 3 months (extendable further up to 11 months as per requirement and performance).

The eligible candidates may apply to the CEO, Delhi Cantonment Board, Sadar Bazar, Delhi Cantt-10 in the enclosed prescribed format along with self-attested copies of all testimonials, residence proof and two passport size photographs by 20.02.2024. The candidates will have to abide by the terms and conditions of the Cantonment Board/Hospital. Number of posts may increase or decrease as per requirement at the time of engagement. Engagement of the selected candidates will be done as per hospital requirement and the duties may include shift duties/ general/ field duties. No TA/DA will be payable for appearing in the Interview/ Selection Test (s). Applications in response to earlier advertisement(s) will not be considered and the candidates need to apply afresh.

Subsequent/relevant notices will be put up on the hospital notice board/ DCB website www.delhi.cantt.gov.in which the candidates must keep themselves regularly updated with.

Chief Executive Officer
Delhi Cantonment Board

Copy: The Systems Analyst, DCB for uploading on the website/ Notice Board/ Office file.



CANTONMENT GENERAL HOSPITAL

DELHI CANTONMENT BOARD

SADAR BAZAR, DELHI CANTT-110010

APPLICATION FORM

1. Post Applied for: _____

2. Applicant's Full Name (in Block Letters):

3. Date of Birth and Age (as on Last Date of Application):

4. Nationality:

5. Whether Reserved Category General/SC/ST/OBC/PH/OTHER:

6. Details of the Current Employment:

(Those already working are required to apply through proper channel with no objection certificate from the current employer. They can send an advance copy of application as well)

7. Details of Examination Passed:

S.No.	Course of Study	Year of Admission	Board/University	Institution/College Name	Year of Passing the final Examination	% age of Marks

Affix
PP Size
Self-attested
Photograph



8. Medical Council Name, Registration No. & Date of Registration and Validity Period

Council Name	Registration No.	Date of Registration	Registration	Validity till Date
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9. Experience:

Name of Post	Institution	Period (From-to)	Type of Work	Remuneration
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Please mention/ attach, attach a separate page, the details of specific/ special work done/ procedures / surgeries etc whether performed/ assisted, as & if applicable:

Specific/ special Procedures / Surgeries/ Work	Number Performed		Period (From – To)
	Independently	Assisted	

10. Research work or publication (if any):



11. Prize/Medals (if any):

12. Family Details:

	Name	Age
Father		
Mother		
If Married:		
Husband/ Wife:		
Children		
	(1)	
	(2)	
	(3)	

13. Address (in Full):

a. Correspondence/ Current Residence:

b. Permanent:



c. Mobile No.

Phone No. (Landline):

Aadhar No:

E-mail ID (in capital letters):

14. List of Enclosures:

Note:

- A. Attested copies of all testimonials must be enclosed.
- B. Additional pages may be added wherever required.

Declaration by the Candidate:

- (i) I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and legal action may be initiated against me.
- (ii) I fulfil all conditions of eligibility regarding age limit, educational qualification etc. I have enclosed self-attested photocopies of certificates in support of my claim for Qualifications, Experience, Age, Category (SC/ST/OBC) and Age relaxation etc.
- (iii) I also declare that I have never been convicted by any court of law.



(iv) I also declare that I do not belong to creamy layer section of persons of OBC. *(strike out if candidate does not belong to OBC/ if not applicable).

(v) I agree to the terms and conditions as given in the advertisement and the website for the post applied for.

(vi) I understand that in case I am selected, my employment shall be contractual and I shall not claim regularization of service on any behalf.

(vii) In case my application is not received within the stipulated date due to postal delay or otherwise, Delhi Cantonment Board/Cantonment General Hospital will not be responsible for such delay.

Date: -----

Place: -----

Name & Signature of the Candidate