


**MUNICIPAL CORPORATION OF DELHI
SWAMI DAYANAND HOSPITAL
DILSHAD GARDEN, DILSHAD GARDEN – 110095
OFFICE OF THE MEDICAL SUPERINTENDENT**

CORRIGENDUM

Walk in interview for the post of Senior Resident on Regular basis (01 year) in Swami Dayanand Hospital & VSAS Hospital, Municipal Corporation of Delhi.

Walk in interview will be held for Senior Resident on 23.01.2026 in **M.S. Office, Swami Dayanand Hospital, Dilshad Garden, Delhi** instead of Office of the DHA, Conference hall, 18th floor Dr. S.P.M. Civic Center, Jawahar Lal Nehru Marg, New Delhi – 110002.

The details are available on MCD website: www.mcdonline.nic.in.


21.1.26
for Addl. Medical Superintendent

Addl. Medical Superintendent
Swami Dayanand Hospital (MCD)
Dilshad Garden, Delhi-110095

Admn. Officer (I.T.) / MCD is hereby requested to kindly upload the Advertisement on MCD online Website.

ADVERTISEMENT FOR FILLING UP THE POSTS OF

SENIOR RESIDENT

**AT SWAMI DAYANAND HOSPITAL, MUNICIPAL CORPORATION OF DELHI,
DILSHAD GARDEN, DELHI-110095.**

The following posts for Senior Residents to be fill up through Interview on Regular basis (01 year)

S.No	Department	UR	OBC	SC	ST	EWS	Total Vacant
1.	Medicine	02	02	01	01	01	07
2.	Pediatrics	02	02	01	-	01	06
3.	Surgery	01	-	-	-	01	02
4.	Radiology	-	01	-	-	01	02
5.	Casualty	02	-	-	-	-	02
6.	Anaesthesia	01	01	-	-	-	02
7.	Obs & Gynae	02	01	01	-	-	04
	TOTAL	10	07	03	01	04	25

(4% Reservation for PWD candidates as per policy is applicable)

Interview Schedule for Recruitment

POST: - Senior Resident

**VENUE: - Office of the Medical Superintendent, M.S. Office, Swami Dayanand
Hospital, Delhi – 110095**

Date	Department	Time
23.01.2026 (friday)	Medicine, Paediatrics, Surgery Radiology, Casualty, Anaesthesia, Obs & Gynae	9.30 AM

Reporting Time:

Candidates are hereby requested to report at 09:00 am sharp on the date of interview at the venue.

Note: - The eligibility criteria regarding age, qualification, experience and other terms & conditions etc. along with prescribed application Performa may be seen on the website www.mcdonline.nic.in.

FEE PAYABLE -

Rs. 1000/- for General/OBC/EWS Candidates and Rs.500/- for SC/ST candidates payable in the form of Demand Draft (Non-refundable) in favour of Commissioner, MCD. The PWD candidates are exempted.

TERMS & CONDITIONS FOR APPOINTMENT:-

1. Number of posts of all categories may increase or decrease including complete withdrawal.
2. All appointments will be subject to medical fitness and verification of certificates of educational qualification /caste/age/DMC registration and internship completion certificate.
3. For candidates applying for OBC category, the certificate must be issued by competent authority of Govt. Of India along with **Non Creamy Layer** certificate of current year.
4. All candidates must be registered/applied for registration with Delhi Medical Council.
5. The service will be governed under Residency Scheme (Ref.No.IS. 11014/3/91ME (P) Govt. Of India, Ministry of Health and Family Welfare dated 05.06.1992(29C-42C) and amendment thereafter) relaxation as detailed in eligibility criteria.
6. No TA/DA will be paid for appearing for interview.
7. No private practice whatsoever will be allowed during residency.
8. The service can be terminated at any time without assigning any reason.
9. Other service conditions will be applicable as per service conditions prescribed from time to time by GOI.
10. Inter hospital/inter institutional transfer shall not be permitted.
11. The Appointing Authority reserves right to assign any duty as and when required. No extra allowance will be admissible in case of such assignment.
12. The engagement will not bestow any claim or right with the incumbent for regular appointment to the post.
13. In case SC/ST/OBC & EWS candidates are not available for the post of SR the post shall be kept vacant.
14. Those seeking benefits of reservation for SC/ST/OBC should submit caste certificate in his/her name issued by the competent authority. All prospective candidates are advised to check their eligibility regarding admissibility of benefit of reservation accordingly.
15. For reservation 200 points Roaster will be followed.
16. Candidates of EWS category should submit the Family Income Certificate.
17. The candidates must bring Date of Birth, Degree/Diploma / Mark sheet of Professional examination, Internship Completion certificate, Aadhar Card, One passport size photograph and Experience certificate in original, if applicable and copy of SC/ST/OBC certificate at the time of Interview, if claimed.

RECRUITMENT RULES FOR SENIOR RESIDENT

Senior Resident		
1	Name of post	25
2	Number of post	
3	Pay Band and Grade Pay/ Pay Scale	Pay Matrix Level – 11 + (Usual Allowances as admissible) Not entitled for any benefit like Provident fund, Pension, Gratuity, Medical Treatment, Seniority, Promotion, accommodation etc. or any other benefits available to the Government Servants appointed on regular basis.
4	Age limit for direct recruits	Not exceeding 45 years as on last day of submission of application. (Relaxable by five years in case of ST/SC candidates, by three years in case of OBC candidates and by Ten years in case of PwD candidates).
5	Educational and other qualifications required for direct recruits	a) MBBS Degree from MCI/NMC Recognized University/Institution. b) PG degree/DNB/Diploma in concerned specialty from a recognized University/Institute registered with Delhi Medical Council. c) If adequate candidates as per (b) above are not available in particular specialty, then candidates with MBBS Degree with two years of experience, out of which one year should be in concerned specialty, can be considered.
6	Duration of Residency	Engagement will be for period of one year initially, extendable by one year at a time up to total of three years. Extension is subject to ssatisfactory work and conduct report.

**SWAMI DAYANAND HOSPITAL
MUNICIPAL CORPORATION OF DELHI**

APPLICATION FORM FOR THE POST OF SENIOR RESIDENT ON REGULAR BASIS

DEPARTMENT _____

INSTRUCTIONS:-

- Read all instruction carefully.
- All columns should be filled in CAPITAL letters and properly.
- All documents should be self-attested and are numbered from top to bottom.
- Document should be arranged as per check-list given below.

Photograph

1. NAME: _____

2. FATHER'S /MOTHER'S/HUSBAND'S NAME: _____

3. DATE OF BIRTH: _____

4. AGE (on date of Interview): _____ **YEARS** _____ **MONTH** _____ **DAYS**

5. Gender _____

6. CORRESPONDENCE ADDRESS: _____

7. FEE SUBMITTED: _____ **8. BANK NAME & DD NO.** _____

9. Email: _____ **10. Mobile**
NO. _____

11. CATEGORY: **UR** **SC** **ST** **OBC**
 EWS **PWD**

12. INTERNSHIP COMPLETION DATE: _____

13. Qualification (PG/Non PG) _____

CHECKLIST FOR DOCUMENTS-

S. No	Documents	Documents Submitted (To be filled by candidate)	Annexure /Page No.	No.	Document checked & Verified by the Hospital official.
1.	X th (MATRICULATION) (FOR AGE PROOF)	YES/NO			
2.	XII th (INTERMEDIATE)	YES/NO			
3.	MBBS	YES/NO			
4.	PG DEGREE/DIPLOMA	YES/NO			
5.	D M C Regn. No.(Permanent)	YES/NO			
6.	Copy of Internship Completion Certificate.	YES/NO			
7.	Experience certificate (if any)	YES/NO			
8.	Caste Certificate (If any)				
9.	AADHAAR CARD				
10.	Demand Draft				

13. EXPERIENCE IF ANY:-

Name of the institution	Designation /post held	Department	From	To	Total duration

14. Character & Antecedents:

- | | |
|--|--------|
| (a) Have you ever been arrested? | Yes/No |
| (b) Have you ever been prosecuted? | Yes/No |
| (c) Have you ever been kept under detention? | Yes/No |
| (d) Have you ever been bound down? | Yes/No |
| (e) Have you ever been fined by a Court of Law? | Yes/No |
| (f) Have you ever been convicted by Court of Law? | Yes/No |
| (g) Is any case pending against you in any Court of Law? | Yes/No |
| (h) Have you ever been involved in any Criminal case? | Yes/No |

DECLARATION:-

I hereby solemnly declare that the information furnished above is true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect then, I understand that my candidature for the post is liable to be cancelled without any further intimation to me.

NAME:- _____

SIGNATURE OF THE CANDIDATE

PLACE:

DATE: