



GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
GURU NANAK EYE CENTRE  
MAHARAJA RANJIT SINGH MARG, DELHI-110002

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F.1(87)/GNEC/Estt/SR(Anaes.)/Walk-In/26/ 3888

Date: 24/10/2026

**NOTICE FOR WALK-IN INTERVIEW FOR THE POST OF  
SENIOR RESIDENT (ANAESTHESIA) ON ADHOC BASIS**

Applications in the prescribed proforma (Annexure-I) are invited through Walk-In interview for appointment to the vacant post of Senior Resident (Anaesthesia) in Guru Nanak Eye Centre in accordance with the Residency Scheme. The appointment shall be purely on **adhoc and emergent basis for a period of 44 days** or till such vacancy is filled on regular basis, whichever is earlier. **The Walk-In interview will be held on 03.11.2026 from 12.00 Noon onwards in the Office of the Director (GNEC).**

**VACANCY DETAILS:**

| Name of Post                  | Emoluments                                                                                   | No. of Vacancies |    |             |
|-------------------------------|----------------------------------------------------------------------------------------------|------------------|----|-------------|
|                               |                                                                                              | Total            | UR | OBC (Delhi) |
| Senior Resident (Anaesthesia) | Pay Level-11, Cell No. 1 @ Rs. 67,700/- of the Pay Matrix plus usual allowance as admissible | 01               | 03 | 01          |

**Note:**

1. The number of vacant posts or likely to fall vacant posts indicated above is provisional and subject to change.
2. If any reserved post could not be filled up on account of non-availability of suitable candidate from respective category i.e. OBC (Delhi), due to exigency of services in the department in public interest, the same post may be filled up on adhoc and emergent basis from the candidates of other category including general category subject to his/her eligibility in terms of educational qualifications and other terms & conditions, for a period of 44 days or till the concerned reserved category incumbent or regular incumbent joins the said post, whichever is earlier.

**ELIGIBILITY:**

| 1. | Age Limit (in years) (as on date of interview)    | UR                                                                                                                                                                                                                                                                                                                                                                                                                                   | OBC (Delhi) |
|----|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|    |                                                   | 45                                                                                                                                                                                                                                                                                                                                                                                                                                   | 48          |
| 2. | Essential Qualification (as on date of interview) | <ul style="list-style-type: none"><li>• MBBS with P.G. Degree/DNB in the concerned specialty from a recognized University/Institution and</li><li>• Should possess a valid registration from Delhi Medical Council or must have DMC acknowledgment slip on or before the date of interview (and should submit valid DMC Registration Certificate within 45 days of joining otherwise their candidature shall be cancelled)</li></ul> |             |

- The candidate must not have completed 03 years of Senior Residency in any recognized Institution/Hospital including regular and adhoc tenure.

**TENURE:**

1. The appointment shall be initially for a period of 44 days or till the recruitment of regular candidate, whichever is earlier and may be extended further with one day break subject to satisfactory work and conduct report from the concerned HOD and on written request from the doctor concerned.

2. The maximum tenure of Senior Residency shall be 03 years which includes earlier rendered tenure on adhoc or regular basis, if any, in any Govt. Hospital/Institute/Organization.
3. Adhoc appointee will not stake/claim over the post and whenever the regular appointee joins his/her services will be terminated without any notice.

**RELAXATION OF CRITERIA:**

1. In case of non-availability of candidates, as per the relevant scheme mentioned above, candidates may be considered in terms of relaxation of provision as per circular No. F.No.121/26/2010/H&FW/1996-2045 dated 10.06.2011 issued by Health and Family Welfare Department, Govt. of NCT of Delhi.

**OTHER INSTRUCTIONS:**

1. **All the eligible candidates should report to the Low Vision Clinic at 09.30 AM for enrollment and verification of documents which shall be done from 09.30 AM to 11.30 AM only on the day of interview i.e. 03.11.2026. No candidate shall be allowed to enter after 11.30 AM.**
2. Candidates are advised to ensure that they fulfill the eligibility criteria as mentioned in the advertisement before appearing in the interview.
3. Selected candidates are required to join within 07 days of issue of the offer of appointment letter failing which the offer shall stand automatically cancelled.
4. The service of Senior Resident will be governed by the Residency Scheme issued by the Govt. of India. Further, inter-hospital transfer is not permissible. However, the Appointing Authority reserves the right to transfer services of Senior Resident within the Hospital/Centre.
5. Please note that any discrepancy related to the documents/information submitted by the candidate may invite cancellation of candidature as well as it may lead to legal action under relevant provisions of Indian Penal Code.
6. Appointment shall be subject to the medical fitness and verification of Character & Antecedents and all the certificates submitted by the candidates.
7. OBC Category Candidates are required to submit their Caste Certificate along with Non-Creamy Layer (NCL) Certificate, issued after 31.03.2026 by Govt. of NCT of Delhi in r/o the "Community" they belong to, which is recognized as Other Backward Class under the Government of NCT of Delhi Notification no. F.28(93)/91-92/SCST/P&S/4388 dated 20-1-1995, published in the Gazette of Delhi Extraordinary Part-IV. Candidates belonging to OBC (Outside Delhi) shall be treated as General Candidates.
8. No TA/DA will be paid to candidates for appearing in the interview.
9. All candidates are exempted from payment of fee.
10. Canvassing in any form is strictly prohibited and shall make the candidature of candidate cancelled.
11. The decision of the Selection Board of GNEC regarding selection will be final and binding and no representation will be entertained in this regard.
12. The HOD reserves all right to amend, cancel or postponed of this advertisement whole or in part without citing any reason thereof. Decision of the HOD shall be final.

Interested and eligible candidates may appear in the interview as per schedule mentioned here above. Candidates should bring original as well as one set of self-attested photocopies of following documents along with 2 Passport Size Photograph:

1. Application Form
2. 10<sup>th</sup> Marksheet/Certificate
3. 12<sup>th</sup> Marksheet/Certificate
4. MBBS Degree

5. FMGE, if applicable
6. PG Degree/Diploma
7. DMC registration/acknowledgment slip
8. Caste Certificate, if applicable.
9. Experience certificates, if any
10. ID Proof

Director Prof. & Head (GNEC)

**F.1(87)/GNEC/Estt/SR(Anaes.)/Walk-In/26/ 3888**

Date: 24/10/2026

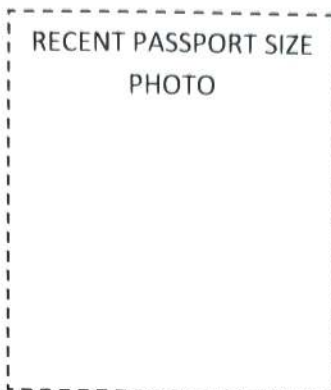
Copy forwarded for information and necessary action to:

1. The Dy. Secretary (HR-Medical), Deptt. of H&FW, GNCTD, Delhi Secretariat.
2. The Dean (MAMC)/Chairperson, Centralized Recruitment Committee, MAMC, GNCTD.
3. System Analyst/Programmer (IT), DHS for uploading the advertisement on website of Department of Health & Family Welfare, GNCTD.
4. The MS of all hospitals with request to get the advertisement displayed on notice board.
5. PS to the Director, GNEC.
6. Website and Notice Board of GNEC, GNCTD.

Director Prof. & Head (GNEC)

**APPLICATION FORM FOR APPLYING TO THE POST OF**  
**SENIOR RESIDENT (ANAESTHESIA)**  
**ON ADHOC BASIS THROUGH WALK-IN INTERVIEW**  
**IN GURU NANAK EYE CENTRE, GNCTD**

(To be filled by the candidate in his/her handwriting in capital letters in Blue/Black ink)



|     |                                                                                                                   |                                      |
|-----|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1.  | <b>Name of the post applied for</b>                                                                               | <b>Senior Resident (Anaesthesia)</b> |
| 2.  | <b>Category</b><br>(General/OBC/EWS/SC/ST)                                                                        |                                      |
| 3.  | <b>Name of the Candidate</b>                                                                                      |                                      |
| 4.  | <b>Date of Birth</b>                                                                                              |                                      |
| 5.  | <b>Father Name</b>                                                                                                |                                      |
| 6.  | <b>Mother Name</b>                                                                                                |                                      |
| 7.  | <b>Spouse Name, wherever applicable</b>                                                                           |                                      |
| 8.  | <b>Age</b> (as on date of interview)                                                                              |                                      |
| 9.  | <b>Nationality</b>                                                                                                |                                      |
| 10. | <b>Aadhar No.</b>                                                                                                 |                                      |
| 11. | <b>Corresponding Address</b>                                                                                      |                                      |
| 12. | <b>Permanent Address</b>                                                                                          |                                      |
| 13. | <b>Contact No.</b>                                                                                                |                                      |
| 14. | <b>Email</b>                                                                                                      |                                      |
| 15. | <b>Marital Status</b>                                                                                             |                                      |
| 16. | <b>Whether worked as SR earlier, if so, the period thereof with name and address of the hospital/ institution</b> |                                      |

|     |                                                                                               |         |                 |                         |                     |                 |
|-----|-----------------------------------------------------------------------------------------------|---------|-----------------|-------------------------|---------------------|-----------------|
| 17. | <b>Experience, if any</b>                                                                     |         |                 |                         |                     |                 |
| 18. | <b>Valid DMC registration number</b>                                                          |         |                 |                         |                     |                 |
| 19. | <b>Academic/Technical/Profession qualification, starting from matriculation or equivalent</b> |         |                 |                         |                     |                 |
|     | Name of Exam Passed                                                                           | Subject | Year of Passing | University/ Institution | Percentage of Marks | No. of Attempts |
|     | <b>MBBS</b>                                                                                   |         |                 |                         |                     |                 |
|     | <b>FMGE</b><br>(if applicable)                                                                |         |                 |                         |                     |                 |
|     | <b>MD/MS/DNB</b>                                                                              |         |                 |                         |                     |                 |
|     | <b>OTHER</b>                                                                                  |         |                 |                         |                     |                 |
|     |                                                                                               |         |                 |                         |                     |                 |
| 20. | <b>Any other/additional information</b>                                                       |         |                 |                         |                     |                 |

### **DECLARATION**

I, solemnly, declare and affirm that the above information filled by me is correct and to the best of my knowledge & belief and nothing has been concealed.

\_\_\_\_\_  
(Signature of the Candidate)

**Date:**

**Place:**

**Enclosures in order:**

**Please tick:**

1. Copy of 10<sup>th</sup> Marksheet/Certificate \_\_\_\_\_
2. Copy of 12<sup>th</sup> Marksheet/Certificate \_\_\_\_\_
3. Copy of MBBS Degree \_\_\_\_\_
4. Copy of FMGE, if applicable \_\_\_\_\_
5. Copy of PG Degree/Diploma \_\_\_\_\_
6. Copy of DMC registration/acknowledgment slip \_\_\_\_\_
7. Caste Certificate, if applicable \_\_\_\_\_
8. Experience Certificates, if any \_\_\_\_\_
9. Copy of ID Proof \_\_\_\_\_