



**दिल्ली मेट्रो रेल कॉर्पोरेशन लि०**  
**DELHI METRO RAIL CORPORATION LTD.**  
(A JOINT VENTURE OF GOVERNMENT OF INDIA AND GOVT OF DELHI)



**The Life line of Delhi.**

**ADVT No. DMRC/PERS/22/HR/2018 (136) Dated: 12/11/2018**

**REQUIREMENT OF CONSULTANT DOCTORS IN DELHI METRO RAIL CORPORATION LTD.**

The Delhi Metro Rail Corporation (DMRC) Ltd, a Joint Venture company with equity participation from Govt. of India and Govt. of National Capital Territory of Delhi has been entrusted with the responsibility of implementation of the rail based Mass Rapid Transit System for Delhi. The Delhi Metro Rail Corporation, Lifeline of Delhi, prides itself on its ability to nurture its employees through its unique work culture. Today, DMRC empowered by about 13000 employees with MRTS activities spread over Delhi NCR, Jaipur, Kochi, Mumbai, Lucknow, etc., carry about 2.8 million passengers per day in Delhi & NCR. In addition to the above, DMRC has also been entrusted with the work of preparation of DPR for the High Speed Rail Link Project of Indian Railways at Trivandrum and the Monorail Project at Trivandrum and Kozhikode and consultancy work, for different cities in India.

To meet with the immediate requirement of experienced Doctors, applications are invited zone wise from eligible Doctors for engagement as Consultant Doctors (General Physician), purely on temporary basis, for colony visit of DMRC Staff Quarters and Head office, in New Delhi/Delhi/NCR/Haryana, etc.

1. The engagement shall be purely on temporary basis.
2. The empanelled doctors shall be required to visit Delhi Metro Staff Quarters/offices once/twice a week, as required.
3. The vacancy zone wise, shall be, as under:-

| <b>Zone</b> | <b>DMRC Qtrs</b>   | <b>Vacancy</b> |
|-------------|--|----------------|
| North Delhi | 1. Mukundpur Staff Quarter<br>2. Vidhan Sabha Officers Quarter<br>3. Metro Bhawan, Barakhamba Road                       | 01             |
| South Delhi | 1. Metro Enclave, Pushp Vihar<br>2. Sarita Vihar Staff Qtrs  | 01             |
| East Delhi  | 1. Shastri Park Staff Qtrs<br>2. Yamuna Bank Staff Qtrs<br>3. Vinod Nagar Staff Qtrs<br>4. New Ashok Nagar Officers Qtrs | 02             |
| West Delhi  | 1. Najafgarh Staff Qtrs  | 01             |
| North West  | 1. Mundka Staff Qtrs   | 01             |
| Haryana     | 2. Gurgaon Staff Qtrs<br>3. Bahadurgarh Staff Qtrs<br>4. Ajrona Staff Qtrs   | 02             |

4. Essential Qualification & Criteria:-
  - i. MBBS Degree from a recognised university or equivalent qualification, recognised by the MCI and registered with the Delhi Medical Council (DMC)- only current registrations shall be accepted.
  - ii. Preference will be given to those who are enrolled in other PSU's for similar assignment.
  - iii. At least five years experience in the field, is mandatory.
5. Age as on 01/07/2018: Not more than 60 Yrs.
6. **Appointment & Tenure:-** The engagement shall be purely on temporary basis for a period of 01 year. Further extension shall be reviewed at the end of the year on satisfactory performance only.
7. **Emoluments per month:** Rs. 2000/- (inclusive of transport, etc) per visit, per hour basis.
8. **Interview:-**The candidates shall be shortlisted for interview on the basis of qualification and experience, in the relevant field.
9. **Selection process:** The selection methodology will comprise only of Personal Interview. The selection process would judge different facets and candidates would be shortlisted for interview, based on their eligibility/ experience in the relevant field, etc.  
**Note:** The candidates found suitable, for the post after the screening process, will be empanelled. The empanelled candidates will be inducted, as per requirement, on merit basis. No reimbursement on account of travel shall be made to the candidates appearing for the INTERVIEW.
10. Only shortlisted candidates would be called for interview. The Management reserves its right to shortlist candidates, as deemed fit.
11. **How to apply:** Eligible and interested candidates may apply as per the application format, at Annexure-1
12. All relevant documents should be attached with the application. Incomplete application forms shall be summarily rejected.
13. **Schedule of Selection Process:**
  - i Last date of receipt of filled in application through Speed post is **26/11/2018**.
  - ii Names of pre qualified candidates shall be displayed on DMRC website after **07/12/2018** along with other details, like venue, time, etc., for screening.
  - iii The interview will be held around the **Third week of December 2018** at Metro Bhawan, Barakhamba Road, New Delhi (tentatively) (Complete details will be displayed on DMRC website). The selection process will consist of Interview.
  - iv Candidates are required to go through the instructions for interview displayed on DMRC website and appear for the interview accordingly, along with original copies of testimonials.
  - v The final results will be declared by **First week of January, 2019**. (Tentatively). Eligible and willing candidates for the aforesaid post may apply as per the application format at Annexure-I. The candidate must enclose all relevant proof /documents in support of qualification, experience, etc.

The duly filled in application form should be sent in an envelope super scribing on the cover prominently - Name of Post, latest by **26/11/2018**, by speed post at the following address:-

Chief General Manager (HR)  
Delhi Metro Rail Corporation Ltd  
Metro Bhawan,  
6<sup>th</sup> Floor, B wing,  
Fire Brigade Lane,  
Barakhamba Road,  
New Delhi.



# दिल्ली मेट्रो रेल कॉर्पोरेशन लि० DELHI METRO RAIL CORPORATION LTD.

(A JOINT VENTURE OF GOVERNMENT OF INDIA AND GOVT OF DELHI)

ADVTT. No. DMRC/PERS/HR/22/HR/2018(136)

Photo

## ANNEXURE I

### DMRC APPLICATION FORMAT

(TO BE FILLED IN CAPITAL LETTERS BY THE APPLICANT IN HIS/HER OWN HANDWRITING)

| S.No. | DETAILS  | PARTICULARS  |                                |            |                        |                      |
|-------|--|--|--------------------------------|------------|------------------------|----------------------|
| 1 A   | POST NAME  | CONSULTANT DOCTOR  |                                |            |                        |                      |
| B     | POST CODE  | CD 01  |                                |            |                        |                      |
| C     | PREFERRED PLACE OF POSTING (ZONE)  | 1.<br>2.   |                                |            |                        |                      |
| 2     | APPLICANT's NAME (Sh./Smt./Ms.)  |  |                                |            |                        |                      |
| 3     | FATHER / HUSBAND's NAME (Sh.)  |  |                                |            |                        |                      |
| 4     | DATE OF BIRTH (dd/mm/yyyy)   |  |                                |            |                        |                      |
| 5     | AGE AS ON 01/07/2018 (Not more than 60 years)                                    | YEARS  | MONTHS                         | DAYS       |                        |                      |
| 6     | CORRESPONDENCE ADDRESS   |  |                                |            |                        |                      |
|       |  |  |                                |            |                        |                      |
|       |  | STATE:   |                                | PINCODE:   |                        |                      |
| 7     | PERMANENT ADDRESS  |  |                                |            |                        |                      |
| 8     | CONTACT NUMBER WITH STD CODE   |  |                                |            |                        |                      |
| 9     | MOBILE NUMBER  |  |                                |            |                        |                      |
| 10    | EMAIL ID   |  |                                |            |                        |                      |
|       | PERMANENT MCI/DMC/STATE MEDICAL COUNCIL REGISTRATION NO. & PLACE OF REGISTRATION | MBBS:<br>MD/MS/DNB:<br>DM/M.CH/DNB: STATE MEDICAL COUNCIL REGISTRATION NO. |                                |            |                        |                      |
| 11    | EDUCATIONAL QUALIFICATIONS   |  |                                |            |                        |                      |
| S.N.  | NAME OF EXAMINATION  | NO. OF ATTEMPTS  | MAX. MARKS WITH MARKS OBTAINED | % OF MARKS | MONTH/ YEAR OF PASSING | COLLEGE & UNIVERSITY |
|       |  |  |                                |            |                        |                      |
|       |  |  |                                |            |                        |                      |

| S.N.  | NAME OF EXAMINATION   | NO. OF ATTEMPTS | MAX. MARKS WITH MARKS OBTAINED | % OF MARKS    | MONTH/YEAR OF PASSING | COLLEGE & UNIVERSITY |
|---|---|-----------------|--------------------------------|---------------|-----------------------|----------------------|
|   |   |                 |                                |               |                       |                      |
|   |   |                 |                                |               |                       |                      |
| 12  | <b>EXPERIENCE CERTIFICATE (TO BE ATTACHED) ISSUED BY THE COMPETENT AUTHORITY CLEARLY INDICATING DATES (FROM AND TO) STATING THE NATURE OF THE JOB AND REQUIRED DETAILS. (PARTICULARS OF EMPLOYMENTS HELD SHOULD BE GIVEN IN CHRONOLOGICAL ORDER):</b> |                 |                                |               |                       |                      |
|   | <b>TOTAL EXPERIENCE</b>   |                 | <b>YEARS</b>                   | <b>MONTHS</b> | <b>DAYS</b>           |                      |
|   |   |                 |                                |               |                       |                      |
| <b>DETAILS OF EXPERIENCE</b><br>(Separate Sheet may be attached, if necessary)  |   |                 |                                |               |                       |                      |
| S.N.  | NAME OF THE HOSPITAL/CLINICS/PSUs AND ADDRESS   | POST HELD       | FROM                           | TO            | REMUNERATION/CTC (pa) |                      |
| A   |   |                 |                                |               |                       |                      |
| B   |   |                 |                                |               |                       |                      |
| C   |   |                 |                                |               |                       |                      |
| <b>BRIEF DESCRIPTION OF THE WORK EXPERIENCE (Separate sheet may be allowed)</b> |   |                 |                                |               |                       |                      |
|   |   |                 |                                |               |                       |                      |

|    |   |          |
|----|---|----------|
| 13 | HAVE YOU EVER BEEN ARRESTED?                                | YES / NO |
| 14 | HAVE YOU EVER BEEN PROSECUTED?                              | YES / NO |
| 15 | HAVE YOU EVER BEEN KEPT UNDER DETENTION?                    | YES / NO |
| 16 | HAVE YOU EVER BEEN BOUND DOWN?                              | YES / NO |
| 17 | HAVE YOU EVER BEEN FINED BY A COURT OF LAW?                 | YES / NO |
| 18 | HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW?             | YES / NO |
| 19 | IS ANY CASE PENDING AGAISNT YOU IN ANY COURT OF LAW?        | YES / NO |
| 20 | HAVE YOU EVER BEEN INVOLVED IN ANY POLICE OR CRIMINAL CASE? | YES / NO |

I hereby declare that the particulars furnished above are true. I understand that my candidature will be cancelled, if any information is found to be incorrect or false at any point in time.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Candidate

Name: \_\_\_\_\_  
 Mobile No. : \_\_\_\_\_  
 Email ID: \_\_\_\_\_

**Documents to be enclosed (whichever applicable)**

1. Educational Certificates (Graduation, Post Graduation & Others)
2. Work Experience Certificate
3. Copy of current DMA/IMA Registration.



