राजेन्द्रआयुर्विज्ञानसंस्थान

(झारखण्डसरकार का एक स्वयंतशासी संस्थान) राँची—834009(झारखण्ड) दुरभाषः 0651—2541533, फैक्सः 0651—2540629, E-mail: rimsranchi@rediffmail.com



RAJENDRA INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute under Govt. of Jharkhand) Ranchi-834009(Jharkhand) Phone: 0651-2541533, Fax: 0651-2540629,

Email: rimsranchi@rediffmail.com

Advertisement No: 3928 / RIMS, Ranchi Dated .01.49. 2081

Advertisement for selection of Senior Residents who may join PDCC

Applications are invited from qualified Indian nationals for the post of Senior Residents who are willing to join one-year Post-Doctoral Certificate Course (PDCC) linked with Senior Residency in the department of Anaesthesiology and department of Critical Care Medicine respectively, for the session 2021-22, commencing from Sept.27th, 2021. The aim of this course is to expose post-MD doctors to the highest levels of learning, hands-on training and research in critical care medicine &Super specialty Anaesthesia.

Department	Name of course	Number of Seats	Essential Qualifications
ANAESTHESIOLOGY	PDCC		
	-CARDIAC ANAESTHESIA	2(Two) UR – 01, BC1 - 01	
	-NEUROANAESTHESIA	2(Two) UR – 01, BC1 - 01	MD or DNB in Anaesthesiology (Recognised by MCI)
	-PAEDIATRIC ANAESTHESIA	2(Two) UR – 01, BC1– 01	
CRITICAL CARE	PDCC — CRITICAL CARE MEDICINE	4 (Four) UR – 02 ST – 01 SC– 01	MD or DNB in the any of following subjects Anaesthesiology/ General Medicine/ Pulmonary/Respiratory Medicine (Recognised by MCI)

Important dates

- Date of start of application: Immediate
- Last date of submission of form -11-09-2021
- Date of written test: 20-09-2021 (Monday) at 10.00 AM-11.30AM
- Date of Interview: 20-09-2021 (Monday) at 4.00PM onwards
- Declaration of Result: 20-09-2021 (Monday) by 6:00 PM
- Date of commencement of new session: 27-09-2021

Place of Examination: Seminar Hall 4th FloorSuperspeciality Block Place of Interview:

- (a) Seminar Hall in the Department of Anaesthesiology for cardiac anaesthesia, neuroanaesthesia, paediatric anaesthesia.
- (b) Seminar hall in new Trauma centre for Critical Care Medicine.

The information brochure and application forms can be downloaded from the Institute's website (http://www.rimsranchi.org/) The duly filled application form should reach the Dean Office, Rajendra Institute of Medical Sciences (RIMS), Bariatu Road, Ranchi (Jharkhand), PIN-834009, latest by 05.00

pm on 06-09-2021either by E-MAIL (recruitmentrimsranchi@gmail.com), By Post or in Person (by any authorized representative). The Institute will not be responsible for late submission of application forms due to any unforeseen circumstances. For online applicants proof of money transfer should also be submitted along with application form.

Email ID: <u>recruitmentrimsranchi@gmail.com</u> Bank Account details: Director RIMS, Ranchi

Account No: 50200047672661 IFSC Code: HDFC0002728

Note: At the top of Covering envelop write in bold letters "APPLICATION FOR SENIOR RESIDENTS WHO MAY JOIN PDCC 2021-22"

AGE LIMIT (Start of Session 27-09-2021)

- 1. 40 years for General candidates, 45 years for ST/SC candidates and 42 years for BC- I & II Candidates.
- Relaxation for Orthopaedics Physical Handicapped(OPH)-45 year for General candidates, 50 years for ST/SC candidates and 47 years for BC-I&II Candidates.
- 3. Relaxation for Govt. Employee 50 years for General candidates, 55 years for ST/SC candidates and 52 years for BC-I&II Candidates.
- 4. Relaxation of age will be given to the Female Candidate for 3 years as per Govt. of Jharkhand rules, this will be over and above in their respective category.

Pay scale: Rs. 15600-39100+ GP+ other allowances (As per RIMS Regulation for Senior Residents 2014)

General Instructions for Filling up the Online Form

- All PDCC courses will be of One year duration and will be considered equivalent to the post of Senior Resident.
- 2. The candidates will require to paste a self-attested recent coloured photograph of 4.5 cm x 3.5 cm on the application form in the space provided.
- 3. They are advised to fill the particulars correctly. The self-attested copies of the following certificates must be attached along with the application form: date of birth certificate or matriculation certificate, mark-sheet of Intermediate/ 10+2, mark-sheet and degree certificate of MBBS and MD/ DNB certificate, MCI registration certificate, experience certificate, and certificate of any additional qualification/ training etc.
- Candidates who are in service of Government/Semi Government/Statutory Body must forward the application along with a copy of endorsement certificate of the Employer on the Proforma as provided in the application form.
- The Candidate must submit copy of Medical Registration from Medical Council of India or State Medical Council / Proof of recognition of his/her degree from Medical Council of India or with State Medical Council, failing which application will be rejected.
- 6. Entrance examination fee will be Rs 1000/-which has to be sent along with application form (and the Admission fee will be payable after the selection) by demand draft in favour of "Director, RIMS, Ranchi" and payable at RMCC branch of State Bank of India, Ranchi.
- 7. The candidates must ensure that they fill the particulars in the application form correctly and provide complete information. On the basis of the information filled by the candidates, their

suitability for appearing in the entrance examination will be assessed. Incomplete and incorrect applications, in any respect, will summarily be rejected and no correspondence in this regard will be entertained. The Institute will not be responsible if application of any candidate is rejected on the basis of false or incomplete information filled by him/her in the application form.

- 8. The Institute will not be responsible for late submission of application forms due to any unforeseen circumstances. Applications received after the last date (07/08/2021) will not be entertained on any ground.
- 9. In case of any dispute, the decision of the Director, Rajendra Institute of Medical Science (RIMS), Ranchi will be final.

Terms and Conditions

Component of entrance test	Duration	Pattern	Marks
Part A (Written examination)	90 minutes	80 multiple choice questions. No negative marking.	80 marks
Part B (Interview and Viva-voce)	15 minutes	Interview in front of selection board	20 marks

- 1. An entrance test for the above said course will be held as follows.
- 2. (a) Question Papers will be separate for Critical care medicine PDCC.
 - (b) Question paper will be same for the rest of the PDCC in the department of Anaesthesiology.
- 3. The merit list will be declared on the notice board at the site of interview and institute website. (The merit list will be separately declared for Critical Care Medicine and anaesthesiology).
- 4. The candidates will be selected for registration/ admission strictly based on merit in the highest marks obtained in entrance test.
- 5. Revaluation of the answer sheet of the admission test is not allowed on any ground.
- After admission the candidate will be guided by all rules and regulations of RIMS/Ranchi University.
- No TA/ DA or any kind of reimbursement will be provided for appearing in the examination or interview.
- 8. No private practice of any kind shall be permitted during the entire course duration.
- 9. Mere submission of application and appearing and qualifying in the test will not entitle the candidates to claim admission in above said course. The candidates must note that if, doubtful eligibility is found in any case even after, Institute will cancel his/her admission without any responsibility in this regard.
- 10. The Institute reserves the right to withdraw any position. In case of any inadvertent mistake in the process of selection, which may be detected at any stage even after the issue of

- appointment letter, the Institute/ University reserves the right to modify/ withdraw/cancel any communication made to the candidate.
- 11. The Institute reserves the right to increase or decrease number of posts by the time of selection.
- 12. Qualified applicants should report, along with their original documents and a set of self-attested photocopies at the time of admission. The selected candidates will be required to submit their **original MD / DNB degree** in the Establishment section, administrative building, RIMS Ranchi, along with a bond of Rs.2,00,000/- (Rupees two lacs), mentioning that the degree will be returned to the candidate only after completion of the course.
- 13. If a candidate abandons the course in between(before completion) he / she will have to deposit the bond money ofRs.2,00,000/- before getting the degree back. No candidate will be allowed any kind of leave for the purpose of study or training outside the institute during the tenure of PDCC, otherwise his/her candidature will be forfeited.
- 14. Repetition of PDCC in same discipline is not allowed. However, one can apply for PDCC in separate Superspeciality disciplines.
- 15. In case of any dispute/ ambiguity that may occur in process of selection, the decision of the Director of the Institute shall be final. Any legal dispute will be under Ranchi jurisdiction.
- 16. For any kind of enquiry regarding the entrance examination, please contact the Dean/HOD Anaesthesiology /HOD Critical Care, Rajendra Institute of Medical Science (RIMS), Bariatu Road, Ranchi (Jharkhand), PIN- 834009(Phone: +91-651-2545405, +91-651-2545404), 9893181555, 7488023915, 9986743162.

Director RIMS, Ranchi

- 834009



राजेन्द्र आयुर्विज्ञान संस्थान, रांची

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Rajendra Institute of Medical Sciences

APPLICATION FORM FOR THE Post - Doctoral Certificate Course (PDCC)

Photograph

Advt. No.

1. Course applied for 2. Name (in Block Letters) 3. Father's/Husband's Name 4. Mother's Name 5. Address (Permanent) (Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail. (dd/mm/yy)		
2. Name (in Block Letters) 3. Father's/Husband's Name 4. Mother's Name 5. Address (Permanent) (Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail	1. Course applied for	
3. Father's/Husband's Name 4. Mother's Name 5. Address (Permanent) (Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail 7. Date of Birth:	2. Name (in Block Letters)	
5. Address (Permanent) (Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail. 7. Date of Birth:		
(Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail	4. Mother's Name	٠
(Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail	5. Address (Permanent)	
(Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail. 7. Date of Birth:		
(Address proof to be enclosed) 6. Address for correspondence Contact No. Mobile No. E-mail. 7. Date of Birth:		
6. Address for correspondence Contact No. Mobile No. E-mail. 7. Date of Birth:	×.	
Contact No		
Contact No	6. Address for correspondence	
Contact No		
Contact No	*	
7. Date of Birth:	*** ** ** ****************************	
7. Date of Birth:		
	E-mail	
(dd/mm/yy)	7. Date of Birth:	
	(dd/mm/yy)	
9. Age as on last date of Application	9. Age as on last date of Application	
(dd/mm/yy)		

10. Gender: M/F

11. Educational/ Professional Qualification:

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/Divisio n
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12. Research Publications/ Presentation

Title of Publication	Author/Co Author	Name of Publication	National /International	Date of Publication/ Presentation
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13. Project with Grant

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount
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14. Work Experience:

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	Date of Leaving

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15. Whether MBBS/ M.D/MS degree is recognized by Medical Council of India: Yes/No
16. Whether registered with State Medical Register or Indian Medical Council : Yes/No (Attached the copy of registration)
A) Registration No
B) State in which registered
17. Entrance fees Details: D.D. NoAmount (in Rs.)

I hereby declare, that all statements in to the best of my knowledge and belie incorrect my candidature is liable to absorption after termination/ completio as prescribed. In the event of inelig	DECLARATION nade in this application are true, complete and correct f. In the event of any information being found false of be cancelled/ terminated. I will have no claim for n of tenure contract. I shall abide by terms & condition gibility being detected before or after the selection at me under the relevant rules/instruction and hereby	r r n
Date:	Place:	
Name:	Signature:	

Bank Name

Enclosure Checklist:

Dated _____

S.No	Copy of Certificate	Please Tick if attached
1	Class X & XII Mark sheet/certificate for Date of Birth	
2	MBBS Mark Sheet & Certificate	
3	Internship Completion Certificate	
4	MD/MS/DNB/PG Diploma Mark sheet	
5	DM Certificate	
6	MCI registration	
7	Attempt Certificates	, , ,
8	Copies of any other relevant documents	

Signature of the Candidate