



भारत सरकार /GOVERNMENT OF INDIA

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान एवं डॉ.राम मनोहर लोहिया अस्पताल, नई दिल्ली
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCE &
DR.RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001

No.8-2/2019-RMLH (HA-II)/ Intern/2162

Dated: 09.04.2020

NOTICE
(FOR INTERNSHIP INTERVIEW)

Walk-in-interview for the selection of intern will be held on **21.04.2020** on the basis of availability of seats.

The applicants are advised to attend the interview along with application form as per **Annexure-I** and following original document with one set of self attested photocopy.

1. Delhi Medical Council (DMC) Provisional registration Certificate.
2. NOC from college.
3. NOC from University.
4. MBBS passing Certificate/Degree.
5. NBE Result & MCI eligibility (Only for FMG Candidates)

Indian Medical Graduate Candidates who have not received their DMC Provisional registration certificate will be allowed provisionally to appear in the interview with state provisional registration certificate and acknowledgement receipt of DMC. However their internship training shall be deemed confirmed upon submission of provisional DMC certificate which should be submitted at the earliest but not later than one month from the date of joining.

DMC Provisional Certificate is mandatory for Foreign Medical Graduate Candidates. Receipt/Acknowledgement of DMC will not be considered.

Note:-

1. The candidates not having the above documents will not be allowed to appear in the interview & **they are requested not to report for the verification of documents & attendance.**
2. Candidates should ensure from their respective college/university regarding requirement of NOC from RML hospital. In case of such requirement, NOC is mandatory and that **it should be obtained from the RML hospital before the interview. No requests for NOC from RML will be entertained from candidates who have attended the interview & are provisionally selected.**
3. The Selected candidates are expected to join the internship programme **immediately but not later than 07 days from the date of interview.** They should report in **H.A.II Section Academic Block, Ground Floor, ABVIMS Building** for verification of documents and attendance at **09:30 A.M to 11:00 A.M. After 11:00 A.M. no application will be entertained for the Interview.**
4. One time travel pass to attend the interview enclose herewith at **Annexure-II.** Candidates are requested to download and fill up the same.
5. Result will be uploaded on hospital website. No individual information will be given to the candidates.

Sd/-
CMO (ACADEMIC)

**GOVERNMENT OF INDIA
ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL,
NEW DELHI-110001**

APPLICATION FORM FOR THE POST OF MBBS INTERNSHIP

1. Name (in block letters) _____

2. Father's Name _____

3. Date of Birth _____

4. Permanent Address (in block letters) _____

**Affix Passport size
photograph duly
Self Attested**

5. Correspondence Address (in block letters)

State _____ Pin Code _____ Adhar No. _____

With Telephone No. (If any) _____ Mobile: _____

6. Nationality _____ E-mail: _____

7. Aadhaar Number _____

8. Educational Qualification:

Exam Passed	Name of University and place	Year of Passing	Max. Marks Obtained	Final %
MBBS				

09. Percentage of aggregate marks in all professional Examinations (MBBS): _____

10. Provisional D.M.C Registration No. (*) _____

(Signature of Applicant)

Please Note:

1. Incomplete applications will be rejected straight way.
2. If it is found, that the applicant has suppressed any information or given wrong information his/her Internship will be terminated forthwith without assigning any reason.
3. Admit Card will be issued at the time of registration.



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ONE TIME TRAVEL PASS

ONLY FOR 21 APRIL 2020

(COVID-19)

TO WHOM IT MAY CONCERN

This is certified that following Candidate has to appear in interview for internship in this hospital and belongs to essential services of Health Care. He/She should be permitted to travel hospital and back to home during the aforesaid date under lock down period, for Interview.

Paste recent
passport size
photograph

NAME OF THE CANDIDATE _____

SIGNATURE OF THE CANDIDATE _____

Sd/-
CMO (ACADEMIC)
Hospital Administration-II