



## INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

Hospital based autonomous academic Institute, under  
Government of National Capital Territory of Delhi, dealing with

“Brain – Mind Problems & their Solutions”

Dilshad Garden, Delhi 110 095 (India)

Tel.:22597750 Fax: 22114066,22599227 E-mail: [jdadmnhbas@rediffmail.com](mailto:jdadmnhbas@rediffmail.com)

Applications are invited for the posts of Senior Residents on Regular/Tenure Basis from the Citizens of India:

S. No.	Name of Posts	No. of Posts	Reservation				Pay Scale/Pay Band (Rs.)	Mode of Recruitment
			UR	SC	ST	OBC		
1.	Sr. Resident (Psychiatry)	20	11	03	01	05	15600-39100+GP-6600	Tenure as per Residency scheme
2.	Sr. Resident (Neurology)	03	01	01	01	--	15600-39100+GP-6600	-do-
3.	Sr. Resident (Neurosurgery)	04	--	01	--	03	15600-39100+GP-6600	-do-
4.	Sr. Resident (Anaesthesia)	11	05	02	01	03	15600-39100+GP-6600	-do-
5.	Sr. Resident (Radiology)	03	--	01	--	02	15600-39100+GP-6600	-do-
6.	Sr. Resident (Neurochemistry)	02	02	--	--	--	15600-39100+GP-6600	-do-
7.	Sr. Resident (Emergency lab.)	01	--	--	--	01	15600-39100+GP-6600	-do-
8.	Sr. Resident (Psychopharmacology)	01	01	--	--	--	15600-39100+GP-6600	-do-

For details of eligibility criteria i.e. Qualification, Experience, Age & Application Format please visit our website ([www.ihbas.delhigovt.nic.in](http://www.ihbas.delhigovt.nic.in)). Upper age limit is relaxable for Scheduled Caste, Scheduled Tribe and Other Backward Classes and PH candidates as per rules. **However, SC & OBC certificate issued by the Authority of Delhi Govt., only** will be accepted. Institute reserves the right to increase/decrease, fill or not to fill any/all the vacancies.

**Note:** In the event of insufficient representation from the reserved categories post, the remaining reserved category posts will be filled up from the General category on adhoc and emergent basis till the concerned category person available.

Last date of submission of filled in application: **18.02.2013**.

List of candidates eligible for interview will be published on the Notice Board and website of IHBAS on **22.02.2013**.

Interviews will be conducted on **23.02.2013 from 10:30AM onwards**,

(For complete details please visit our website [www.ihbas.delhigovt.nic.in](http://www.ihbas.delhigovt.nic.in))

Sd/-  
Joint Director (Admn.)

**MENTAL ILLNESSES ARE TREATABLE**

# **INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES**

**(An autonomous institution under the Govt. of NCT of Delhi)**

**Dilshad Garden, Delhi 110 095 (India)**

**NOTICE INVITING APPLICATIONS FOR APPOINTMENT TO VARIOUS POSTS**

**Sl. No. 01 to 08**

**Name of Post**            **Senior Resident**

**Qualification**            Recognized Post Graduate Degree/Diploma in the concerned specialty.

**Age**                            Upper age limit is 35 Years (relaxable for upto five years for SC/ST candidates and three year for OBC candidates).

**REGISTRATION WITH DELHI MEDICAL COUNCIL IS MUST FOR APPEARING IN INTERVIEW.**

### **Information to the Candidates**

1. Complete prescribed application forms should be addressed to Joint Director (Admn.) IHBAS, Dilshad Garden, Delhi-110 095.
2. The cut off date for age, qualification, experience and last date of submission of filled in applications will be .....
3. Candidate applying for the posts mentioned in the advertisement may send application and enclose a Demand Draft/Pay order for Rs. 500/- in favour of Director, IHBAS, Delhi. The fee is non refundable. No fee is to be paid by SC/ST/Ex-servicemen/PH candidates.
4. In case of large number of applicants, Institute reserves the right to short-listing applicants in any manner as may be considered appropriate and no reason for rejection shall be communicated.
5. Full name may be mentioned in application form. If there was change of name at any stage of time, original name may also be mentioned.
6. Application forms not accompanied by the requisite processing fee, shall not be considered and will be rejected without assigning any reason.
7. In case an applicant is not short-listed, no claim for refund of cost of application or processing fee shall be entertained.
8. Candidature of applicant shall be subjected to verification of testimonials at a subsequent stage.
9. In case of SC/ST/OBC/PH Category the applicant should be in possession of appropriate certificate issued by competent authority. However, SC and OBC certificate issued by the Authority of Delhi Govt., only will be accepted.
10. No TA/DA shall be payable to applicant for any journey performed for attending the interview.
11. No enquiry personal or in writing for recruitment shall be entertained.
12. The application form shall be summarily rejected in case it is found incomplete in any respect or is not accompanied by fee of appropriate value described above.
13. Institute reserves the right to increase/decrease, fill or not to fill any/all the vacancies.
14. Upper age limit is relaxable for Scheduled Caste, Scheduled Tribe and Other Backward Classes and PH candidates as per rules.
15. Please send attested copies of all degree/diploma alongwith marksheet/grade/credit /transcripts/age as per High School/Higher Secondary certificate/Category certificate etc. as may be necessary.
16. Canvassing in any form will disqualify the candidate.
17. Post applied for should be super scribed on the envelope.

# **INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCES**

**DILSHAD GARDEN (NEAR GTB HOSPITAL); DELHI - 110 095**

Application form for the post of **Sr. Resident** in the Department of \_\_\_\_\_

Pay Order/DD No. \_\_\_\_\_

Date \_\_\_\_\_

1. Full Name (IN BLOCK LETTERS) \_\_\_\_\_

2. Father's/Husband's Name \_\_\_\_\_

3. Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No.: \_\_\_\_\_

4. MCI/Delhi Medical Council/Any other States Medical Council Registration No. \_\_\_\_\_

5. Academic Qualifications

<b>Examination Passed</b>	<b>Division/% of marks</b>	<b>Board/University</b>	<b>Year of Passing</b>	<b>Subject Taken</b>	<b>No. of attempt</b>

6. Sex: Male  Female

7. Category: General  OBC  SC  ST

8. Date of completion of internship \_\_\_\_\_

9. Date of Birth (as per High School Certificate) \_\_\_\_\_

10. Senior/Junior-Residency done if any (Name, Institution and Duration)

\_\_\_\_\_

**\* Attach separate sheet if space is not sufficient.**

I certify that the information provided above is true. In case of any false information, the application will be rejected.

Place:

Signature of the Applicant

Date:

**Please Note:-**

Enclose attested photocopy of the certificates

**Recent Passport Size  
Photograph**