

# राजकीय आयुर्विज्ञान संस्थान

## **GOVERNMENT INSTITUTE OF MEDICAL SCIENCES**

Kasna, Greater Noida, Gautam Buddha Nagar Contact No- 0120-2341738, 9999384468 Email ID-recruitmentcell@gims.ac.in website- www.gims.ac.in (An Autonomous Institute under UP Government)

Advt. No.: GIMS/2024/Manpower/05 Date: 20/08/2024

## Fellowship in Neonatology

GIMS, Greater Noida invites application from eligible candidates for fellowship in Neonatology. The details are as follows:

| Student                         | Doctors   | Nurses  |  |  |  |
|---------------------------------|---|---|--|--|--|
| Duration of Course              | MD/DNB – 1 Year / DCH – 1.5   | B. Sc. Nursing – 1 Year / General Nursing with or without Midwifery – 1.5 Year  |  |  |  |
| Department                      | Neonatology   | Neonatology   |  |  |  |
| Date of commencement            | From the date of joining  | From the date of joining  |  |  |  |
| No. of seat for session 2024-25 | 02 UR   | 04 UR   |  |  |  |
| Upper Age Limit                 | 50 years  | 50 years  |  |  |  |
| Salary                          | Doctors - Basic Salary Rs. 56,100/- as per level-10 of 7th CPC  | Nurses - Salary Rs. 25000/-<br>(consolidated)   |  |  |  |
| Method of selection             | Interview on 23-09-2024   | Interview on 23-09-2024   |  |  |  |
| Qualification                   | MD/DNB Paediatrics/DCH  | B. Sc. Nursing / General Nursing with or without Midwifery  |  |  |  |
| Application                     | Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to gimsgnoida16@gmail.com prior to 5 PM on 20-09-2024 (For more details, please see the Institute Websitewww.gims.ac.in) Application form fee- Rs1000/- | Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to gimsgnoida16@gmail.com prior to 5 PM on 20-09-2024 (For more details, please see the Institute Website-www.gims.ac.in) Application form fee- Rs500/- |  |  |  |

### **GENERAL TERMS AND CONDITIONS:**

- 1. Candidates to produce all relevant original documents along with self-attested photocopies of Degree/Certificates/Mark sheets and one passport size photograph with the Completed application in the prescribed format at the time of joining.
- 2. The maximum age limit for the said fellowship is 50 years (on last date of application). Age relaxation for SC/ST, OBC (Utter Pradesh) & PH candidates is as per rules.
- 3. The candidate must be a life member of NNF. The candidate may become a member of NNF within one month of joining the fellowship if he/she is not a member at the time of joining.
- 4. The course will start w.e.f the date of joining and there will be a central Exit exam after completion of training.
- 5. After successful completion of the course and exit exam the candidate will be awarded trainee fellowship in Neonatology certificate duly approved by NNF, India.
- 6. The fellowship certificate will be issued only on clearance of the Exit Exam. There will be no refund of course fee, once paid.
- 7. Course fee must be submitted to NNF before admission to the course. An examination fee will have to be paid to NNF for the exit exam.
- 8. The Competent Authority reserves the right to alter the number of seats at any stage.
- 9. The corrigendum if any, will be published only on the website of the Institute.
- 10. Any changes made in the terms by the National Neonatology Forum of India from time to time will be applicable.

## APPLICATION FORMAT FOR NNF FELLOWSHIP

| (Not              | e: Atta                                  | ch all atte                    |  |                      |                        |  |                             |               |  |  |  |
|-------------------|--|--------------------------------|--|----------------------|------------------------|--|-----------------------------|---------------|--|--|--|
| 1.                | Name (In block letters)                  |                                |  |                      |                        |  |                             |               |  |  |  |
| 2.                | Gender: Male / Female                    |                                |  |                      |                        |  |                             |               |  |  |  |
| 3.                | Fee Payment Demand Draft No. & Date      |                                |  |                      |                        |  |                             |               |  |  |  |
| 4.                | Date of Birth                            |                                |  |                      |                        |  |                             |               |  |  |  |
| 5.                | Marital Status: Married/Unmarried/Others |                                |  |                      |                        |  |                             |               |  |  |  |
| 6.                | Father's/Husband Name                    |                                |  |                      |                        |  |                             |               |  |  |  |
| 7.                | Mother's Name                            |                                |  |                      |                        |  |                             |               |  |  |  |
| 8.                | Address (Permanent)                      |                                |  |                      |                        |  |                             |               |  |  |  |
|                   |  |                                |  |                      |                        |  |                             |               |  |  |  |
|                   | Contact No. & email                      |                                |  |                      |                        |  |                             |               |  |  |  |
| 9.                | Address for correspondence               |                                |  |                      |                        |  |                             |               |  |  |  |
| 10.               | <u>Quali</u>                             | <u>fication</u>                |  |                      |                        |  |                             |               |  |  |  |
| Qualific          | Qualification(s)                         |                                |  | Board/University Yes |                        |  | Year of Passir              | ar of Passing |  |  |  |
|                   |  |                                |  |                      |                        |  |                             |               |  |  |  |
| 11.<br>12.<br>13. | 12. NNF membership No.                   |                                |  |                      |                        |  |                             |               |  |  |  |
|                   |  | Sr. No. Type of wor experience |  |                      | Duration<br>with dates |  | & address of ital/Institute |               |  |  |  |
|                   |  |                                |  |                      |                        |  |                             |               |  |  |  |

#### **DECLARATION**

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application, my candidature is liable to be cancelled/terminated, besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period oftenure of fellowship. I shall abide by the terms and conditions as prescribed.

SIGNATURE OF CANDIDATE