भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

File No. HA-II-12021/1/2023-HA-II Section-Dr. RMLH/145 Dated 10.01.2026

OFFICE ORDER

In compliance to the order of Hon'ble High Court of Delhi Vide W.P. (C)139/2026, CM APPL.702-704/2026, Para 7 (a), the candidate Dr. Ravinder Kumar has been permitted to appear for the Written Examination for the post of **Junior Resident (Dental)** scheduled to be held on 11.01.22026. The admit card with detailed instructions is enclosed herewith to appear in Examination.

Digitally signed by
ANIL BHATT
Date: 10-01-2026
12:25:53

Administrative Officer
HA-II Section

To

- Chairman, E-Governance to upload the same on Hospital Website.
- Dr. Ravinder Kumar through Advocate Ms. Yakshna Sharma (Email – adv(dot)yakshnasharma(at)gmail(dot)com)

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ADMIT CARD AND DETAILED INSTRUCTIONS AND INFORMTION TO THE CANDIDATES FOR WRITTEN EXAMINATION TO BE HELD ON 11.01.2026 (SUNDAY) FOR THE RECRUITMENT OF JUNIOR RESIDENTS (DENTAL)

The following **information/instructions** regarding the **Written Examination** are mentioned below:

- The **Written Examination** will be held on **11.01.2026 (Sunday)** in **One Shift** in **ABVIMS, Dr. RML Hospital, New Delhi.** Details are at **Annexure-A**.
- The proforma of **Call letter (Memorandum), Admit Card and Instructions to the Candidates** are given at **Annexure –B, C & D**.
- The candidates (as per list) **[Annexure-E] may download the Memorandum** and **Admit Card with instructions from the Hospital web-site and bring it on the date of Written Examination (11.01.2026) [Annexure –B, C & D] as per schedule**.
- The Candidates should fill the blank columns in the **Admit Card** (downloaded from Web-site) as per the details mentioned in **Annexure - E**.
- Sample OMR sheet is at **Annexure "F"**.
- **Without the Admit Card (dully filled), no candidate will be allowed to appear in the Written Examination**.
- **No mobile phone, any other electronic gadgets/teaching materials, bags, books, papers/documents are allowed inside the Examination Hall.**
- The candidate should also **bring any Government-issued Photo Identity Proof like Voter's Card, Adhaar Card, Driving Licence, Passport, PAN Card for verification of identity of the candidate, <u>without which no candidate will be permitted to appear in the Written Examination)</u>.**
- All candidates should carry **one spare passport size photograph**, identical to the one **pasted in the Application Form and the Admit Card**.
- The details of the **Reporting Time, Duration of Examination** is mentioned at **Annexure-A**.
- The sample OMR sheet is attached at **Annexure-G** (for reference only).
- The candidates are advised to see the Hospital web-site ***(www.rmlh.nic.in)*** frequently for any amendment, corrigendum or any update.
- **<u>All Question will Carry equal marks and there will be negative marking of 0.25 marks for each wrong answer.</u>**
- All Candidates are directed - **"to not remove/tear the SEAL of QUESTION PAPER until the instructions of co-ordinator/Supervisor"**

Detailed Information for Candidates:

ANNEXURE -A

Roll No.	Reporting Time/Entry Time	Closing Time	Timing/ Duration (1 hour)	Venue of Written Examination
25001 to 25142	9:00 AM	10:00 AM	10:30 AM to 11:30 AM	Reading Room (Ground Floor) and Reading Room (Top Floor of Library), ABVIMS

Note: Candidates must occupy the seat before closing time half an hour before the commencement of the examination. No candidate will be permitted to enter the Examination Hall after closing time.

ANNEXURE -B

भारत सरकार / GOVERNMENT OF INDIA
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अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

MEMORANDUM

With reference to your application for the post of **Junior Resident (Dental)** in this Hospital, you are directed to report to **ABVIMS Building, Dr. RML Hospital, New Delhi** as per your **Roll Number as Scheduled on 11.01.2026 (as per Annexure-A) for the Written Examination).**

1. **The Candidate should bring the Admit Card (Annexure-C) downloaded from the Hospital Web-site.**
2. **No mobile phone, any other electronic gadgets/teaching materials, bags, books, papers/documents are allowed inside the Examination Hall.**
3. **The candidate should also bring any Government-issued Photo Identity Proof like Voter's Card, Adhaar Card, Driving Licence, Passport, PAN Card for verification of identity the candidate, without which no candidate will be permitted to appear in the Written Examination.**
4. **All candidates should carry one spare passport size photograph, identical to the one pasted in the application form and the Admit Card.**
5. **No TA/DA will be paid to the candidates for appearing in the Written Examination.**

NOTE: The candidate should appear for the Written Examination only if he/she is a **citizen of India** and fulfills the conditions. The appearance in the Written Examination will be provisional and will not bestow the candidate for appointment till he/she fulfills the eligibility conditions as mentioned in the advertisement.

Enclosure: ADMIT CARD with Instructions.

Sd/-

OFFICER I/C HA-II Section

Roll No.	Name of the Candidate & Department
	As per list at Annexure - E

ANNEXURE -C

भारत सरकार / GOVERNMENT OF INDIA
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अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

ADMIT CARD

[For the post of Junior Resident (Dental)]

Date of Screening Written Examination	**11.01.2026 (SUNDAY)**
Reporting Time	**09:00 AM**
Venue of Written Examination	**ABVIMS, Dr. RML Hospital, New Delhi - 110001**
Duration of Written Examination	**One Hour (60 Minutes)**

1. **Roll Number:** _____
2. **Name :** _____
3. **Category :** _____

[Serial No. 1 to 3 to be filled by the candidate]

Passport Size Photograph to be Pasted by the Candidate and signed across the Photograph

Sd/-

Signature of Officer I/c Academic

Roll No.	Reporting Time/Entry Time	Closing Time	Timing/ Duration (1 hour)
25001 - 25142	09:00 AM	10:00 AM	10:30 AM to 11:30 AM

Note: No candidate will be permitted to enter the Examination Hall after closing time.

To be filled at the time of Examination

Signature of the Candidate
(in the presence of the Invigilator)

Signature of the Invigilator

ANNEXURE -D

INSTRUCTIONS FOR FILLING UP OF ANSWER SHEET (OMR SHEET) FOR EXAMINATION FOR RECRUITMENT IN ABVIMS & DR. RML HOSPITAL, NEW DELHI.
(SAMPLE OMR SHEET ATTACHED)

- **USE ONLY BLUE/BLACK BALL PEN FOR WRITING/DARKENING IN THE ANSWER SHEET.**
- **DARKEN THE RELEVANT BUBBLES COMPLETELY. EXAMPLE:** 
- **PARTIAL DARKENING OR PUTTING DOTS IN THE BUBBLES MAY NOT BE EVALUATED AND WILL RESULT IN EVALUATION AS WRONG ANSWER OR BLANK BUBBLES.**

EXAMPLE: 

1. **STUDENT'S NAME**
Please write your name, as recorded in the relevant certificate, in **CAPITAL /BLOCK LETTERS** only. If the name exceeds the number of boxes, fill up the name till the boxes are covered. For example, the name " RAKESH KUMAR VIJAY SRIVASTAVA" may be entered in the boxes as under:-

R	A	K	E	S	H		K	U	M	A	R		V	I	J	A	Y		S	H	R	I	V	A

Then, darken the appropriate circles/bubbles below respective boxes. Leave blank the respective bubble for blank space.

EXAMPLE :2
Name: V K MALHOTRA

V		K		M	A	L	H	O	T	R	A													

Then, darken the appropriate circles/bubbles below respective boxes. Leave blank the respective bubble for blank space.

2. **DATE OF BIRTH**
Please write your Date of Birth as recorded in 10th/SSLC Certificate. If your Date of Birth is 02/03/1995, please fill up the boxes as under:

0	2	0	3	9	5

(DD/MM/YY Format)
Then, darken the appropriate circles/bubbles below respective boxes.

3. **ROLL NUMBER**
Please fill your **ROLL Number** in **5 digit format only** as under:

2	5	0	0	0	1

4. **SET**
Fill up the respective Set Number as **A or B**, mentioned in the question book, in the box and darken the appropriate circle/bubble.

5. **SUBJECT CODE**
Fill up the respective **Subject Code**, mentioned in the question book, in the box and darken the appropriate circle/bubble.

6. **CATEGORY**
Please darken the appropriate circle/bubble against respective category. **EWS** candidates should dark the **UR Circle/bubble.**

7. **GENDER**
Please darken the appropriate circle/bubble against respective gender.

8. **MOBILE NUMBER**
Please write your 10 digit mobile number in the boxes and darken the appropriate circles/bubbles.

9. **THE QUESTION PAPER CONTAINS 50 QUESTIONS OF MULTIPLE CHOICE 'A', 'B', 'C' AND 'D'.** YOU WILL HAVE TO DARKEN THE APPROPRIATE CIRCLE/BUBBLE AGAINST THE QUESTION NUMBER IN THE ANSWER SHEET. DARKENING MULTIPLE BUBBLES FOR THE SAME WILL BE EVALUATED AS WRONG ANSWER. ONE (01) MARK FOR EACH CORRECT ANSWER AND A NEGATIVE MARKING OF ¼ (0.25) MARK FOR EACH WRONG ANSWER. NO NEGATIVE MARKING FOR NON-ATTEMPTED QUESTION(S).

10. PLEASE PUT YOUR SIGNATURE IN THE BOX MARKED FOR THE CANDIDATE **'Student's Signature'** IN THE PRESENCE OF THE INVIGILATOR ONLY.
11. **All Question will Carry equal marks and there will be negative marking of 0.25 marks for each wrong answer.**

INSTRUCTIONS FOR FILLING UP OF BOXES IN THE QUESTION PAPER

1. Please write your **ROLL NUMBER** in the appropriate box.
2. Please fill the serial number of **Answer (OMR) Sheet** in the appropriate box.
3. Please put your signature in the appropriate box.

ANNEXURE –E

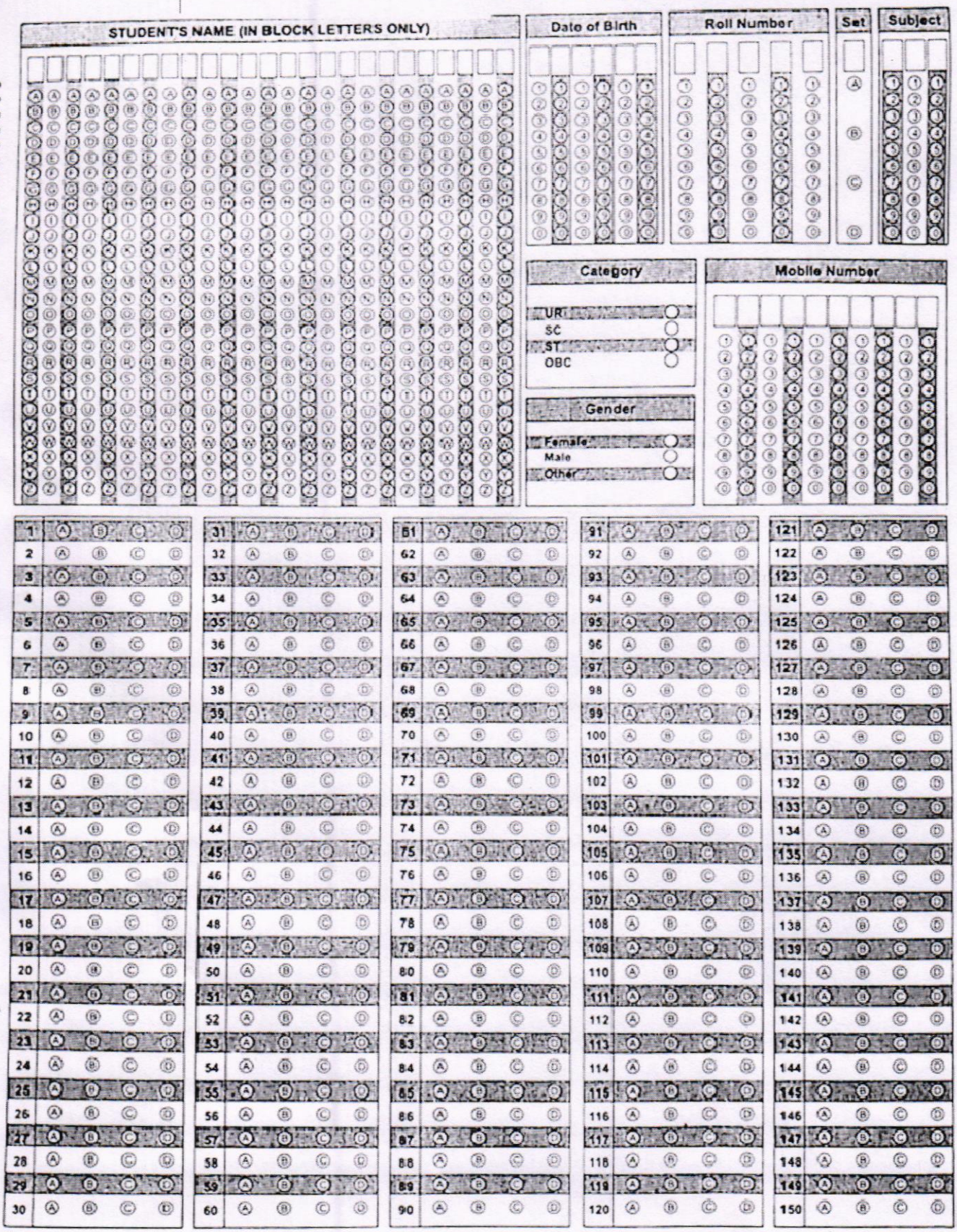
List of Eligible Candidates for the Post of Junior Resident (Dental)

Date of Written Examination 11.06.2025 (SUNDAY), Reporting Time 09:00 AM

Roll No.	Name of the Doctor	Date of Birth	Category
25143	Dr. Ravinder Kumar	26.06.1992	SC

ANNEXURE F

SERIAL NO. VIMS/RML/ 2190 /2021



1	A B C D	31	A B C D	61	A B C D	91	A B C D	121	A B C D
2	A B C D	32	A B C D	62	A B C D	92	A B C D	122	A B C D
3	A B C D	33	A B C D	63	A B C D	93	A B C D	123	A B C D
4	A B C D	34	A B C D	64	A B C D	94	A B C D	124	A B C D
5	A B C D	35	A B C D	65	A B C D	95	A B C D	125	A B C D
6	A B C D	36	A B C D	66	A B C D	96	A B C D	126	A B C D
7	A B C D	37	A B C D	67	A B C D	97	A B C D	127	A B C D
8	A B C D	38	A B C D	68	A B C D	98	A B C D	128	A B C D
9	A B C D	39	A B C D	69	A B C D	99	A B C D	129	A B C D
10	A B C D	40	A B C D	70	A B C D	100	A B C D	130	A B C D
11	A B C D	41	A B C D	71	A B C D	101	A B C D	131	A B C D
12	A B C D	42	A B C D	72	A B C D	102	A B C D	132	A B C D
13	A B C D	43	A B C D	73	A B C D	103	A B C D	133	A B C D
14	A B C D	44	A B C D	74	A B C D	104	A B C D	134	A B C D
15	A B C D	45	A B C D	75	A B C D	105	A B C D	135	A B C D
16	A B C D	46	A B C D	76	A B C D	106	A B C D	136	A B C D
17	A B C D	47	A B C D	77	A B C D	107	A B C D	137	A B C D
18	A B C D	48	A B C D	78	A B C D	108	A B C D	138	A B C D
19	A B C D	49	A B C D	79	A B C D	109	A B C D	139	A B C D
20	A B C D	50	A B C D	80	A B C D	110	A B C D	140	A B C D
21	A B C D	51	A B C D	81	A B C D	111	A B C D	141	A B C D
22	A B C D	52	A B C D	82	A B C D	112	A B C D	142	A B C D
23	A B C D	53	A B C D	83	A B C D	113	A B C D	143	A B C D
24	A B C D	54	A B C D	84	A B C D	114	A B C D	144	A B C D
25	A B C D	55	A B C D	85	A B C D	115	A B C D	145	A B C D
26	A B C D	56	A B C D	86	A B C D	116	A B C D	146	A B C D
27	A B C D	57	A B C D	87	A B C D	117	A B C D	147	A B C D
28	A B C D	58	A B C D	88	A B C D	118	A B C D	148	A B C D
29	A B C D	59	A B C D	89	A B C D	119	A B C D	149	A B C D
30	A B C D	60	A B C D	90	A B C D	120	A B C D	150	A B C D

Student's Signature

Invigilator's Signature