



भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL.



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001
No. Nephro-22/1/2022-Nephro. Dept.-Dr. RMLH/ Dated: 10.01.25

**NOTICE FOR WALK IN INTERVIEW FOR THE POST OF
"TRANSPLANT COORDINATOR" PROPOSED TO BE HELD ON
16/01/2025 AT 11.00 AM ONWARDS.**

Dr. Ram Manohar Lohia Hospital, New Delhi, is intended to conduct a Walk-in Interview to fill up the three (03) vacant post of "Transplant Coordinator" on Contractual Basis under National Organ Transplant Programme. The detail qualification & other terms and conditions of the said posts are given as under:

Name & Number of the Post	Qualification & Remuneration
Transplant Coordinator (03 Nos.)	a. Graduate from any recognized system of Medicine; or b. Nurse ; or c. Bachelor's Degree in any subject with a preferred Master's Degree in Social Work (MSW), Mass Communication, Health Education, Community Health, or Public Health
Remuneration	Rs- 35,000/- Thirty Five Thousand (Consolidated) per month only.
Terms of Appointment	<ul style="list-style-type: none">The above assignment is purely on contractual basis for the period of one year from the date of appointment or till the regular appointment, whichever is earlier.The appointment will be terminated with one month notice from either side.<ul style="list-style-type: none">The head of the hospital will be the Competent Authority for the appointment and termination of the

	<p>contract.</p> <ul style="list-style-type: none">• If no extension is given after completion of this period, the contract will be deemed to be as terminated.• The incumbent selected shall have no claim what so ever for regularization of his/her service under the project or in Dr.RML Hospital, New Delhi.
--	---

-2-

All eligible candidates who are interested for the same are requested to report for the registration on or before 15/01/2025 till 04:00PM in the Room No. 18, Old Nursing Home, Dr RML Hospital, New Delhi along with duly filled performa annexed this notice, a set of self attested copies of all certificates, mark sheets, two passport size colored photographs, original certificates / documents are also required at the time of Interview for verification. Application/Candidate's reporting after 04:00 PM will not be considered for the interview. Candidates may also submit their advance application for the proposed interview at the official email of the Institute i.e diary.section@rmlh.nic.in. Interview will be conducted on 16/01/2025 at 11:00AM onward in the Room No. 08, Old Nursing Home, Dr RML Hospital, New Delhi.

Note : If any declaration/information furnished by the Candidate is found false/any material/fact suppressed willfully, the candidate appointment will be cancelled/terminated forthwith. The decision of the Selection Board / Medical Superintendent of Dr RML Hospital, New Delhi regarding selection will be final and binding and no representation will be entertained in this regard.



(Vijay Prakash Nodiya)
Dy. Director (Admn)

**APPLICATION FOR THE POST OF TRANSPLANT
COORDINATOR ON CONTRACTUAL BASIS IN DR RML
HOSPITAL, NEW DELHI.**

1. **Name of the Candidate**

2. **Father/Husband's Name**

3. **Date of Birth**

4. **Present Address (With Mobile No. & email ID)**

5. **Permanent Address**

6. **Nationality** **Category**.....

M	F
---	---

7. Qualification

Certificate Degree/ Diploma	Year of passing	Name of Board/ Institution/ College with University	Result/ percentage
10 th			
12 th			
Graduation			
Post Graduation			
Degree/ Diploma in relevant field, if any.			

8. Experience

Name of the Institute / Hospital	Post Held	Type of appointment (Adhoc/Regular)	Period		Total Period
			From	To	

I,..... do hereby declare that, all the information provided in this application form are correct to the best of my knowledge; in case it is found to be false my candidate for the post will be forfeited anytime during or after the selection to the post and legal action as deemed fit shall be initiated against me.

(Signature of the Candidate)

Name :.....

Contact No.....

Place :

Date :