

## OFFICE OF THE MEDICAL SUPERINTENDENT BAHAWAL VICTORIA HOSPITAL BAHAWAL VICTORIA HOSPITAL

Phone #.
9250460
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NOTICE FOR HOUSE JOB.

In the light of Instructions contained in by Government of the Punjab Specialized Healthcare & Medical Education Department, Lahore vide No. SO (ME) 2-26/2010(P-II) dated 22-06-2022, applications for induction of House Officers against Additional House seats (Supplymentary session 2022) by the Private/Foreign graduate are invited.

<u>Eligibility OF HOUSE JOB:</u> Graduates of Public Sector (willing for this job only) Private /Foreign Medical Colleges, having Punjab domicile.

## IMPORTANT INSTRUCTIONS ABOUT SELECTION:-

- 1. The "House job Policy" of Medical graduates in Public sector Medical & Dental Institutions/ Hospitals of the Punjab vide No.SO (ME) 2-26/2010(P) dated 15-02-2021 remain continue.
- 2. This House jobs Induction is scheduled against Additional House job seats. These seats are for Private Medical Colleges Graduates /Foreign Medical Graduates (having Punjab Domicile,) however candidates of Public Sector who are willing for doing House job in this hospital (if they gave consent for induction against these Additional seats) could apply on their own will.
- 3. The Candidates aspiring to apply against these <u>additional seats</u>, shall draw their stipend from their parent institutions and shall furnish an affidavit along with their applications that they will draw their stipend from their parent institution and shall not claim any stipend from the Public sector teaching hospital they are applying for.
- 4. The seats of selected candidates of Punjab Public Sector / Public sector of other province be converted into paid Job in case any slot becomes vacant from already inducted regular House Officer, due to some reason as per Order of preference mentioned in Government policy.
- 5. The undersigned has right to amend the schedule/induction plan or cancel in case of new instructions received by the Government if any.
- 6. Mcrit will be based on final year marks only. Order of preference in merit shall remain as in the policy.

## Following attested copies of compulsory documents shall be enclosed with the application:-

- 1. Application form alongwith two specimen of Affidavit available at QAMC Website.(qamc.edu.pk)
- 2. Matriculation certificate.
- 3. F.Sc Certificate.
- 4. All Professional result card/ DMCs of MBBS Exam
- 5. Attempt certificate.

#### 6. DOMICILE (PUNJAB PROVINCE)

- 7. PMC Provisional Registration (for House job)
- 8. Provisional certificate from College
- 9. CNIC /Passport copy.
- 10. One Photograph Passport size.

Following schedule will be observed: -

HOWING Schedule will be observed.		
Last date for submission of application	20-09-2022	During Office hours
Display of Tentative Merit List	24-09-2022	-do-
Appeal on merit list (if any) before Grievance Committee	26-09-2022	<b>During Office timings</b>
Final Merit List	28-09-2022	-do-
Interview	29-09-2022	10-00 AM in QMC
House job Joining date	01-10-2022	With PMC Provisional Registration

Medical Superintendent B.V.Hospital, Bahawalpur

No Con Br/F-51/

4831-65

/BVH dated Bahawalpur the

lo -09.2022.

Copy forwarded for information to:-

- The Principal, QAMC, BVH, JFH, & SON, Bahawalpur.
   All Professors of Clinical Units of this Hospital for information and they are requested to attend the induction meeting on specific date and time.
- 3. The Professor of Medicine/Head of Department/Convenor, Standing grievances Committee, B.V.Hospital, Bahawalpur.
- 4. All members of Standing grievances Committee, B.V. Hospital, Bahawalpur
- 5. Notice Board of M.S. Office, Principal Office, LDH, Officer Lodge & all College Hostel.

Medical Superintend B.V. Josphal, Bahawa APPLICATION FORM FOR HOUSE JOB IN TEACHING
HOSPITALS OF SHC & ME DEPARTMENT

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<b>*</b> 2	Applicant Name (DR) - (CAPITAL LETTER)	•	Paste Passport  Size Photograph
3	S/a, D/a, W/o		Do not staple
7 ·	Father Profession		Do not staple
5	Date of Birth (DD-MM-YY) / Place of Birth		
6	NIC Number		
. 7	Date of Graduation (MBBS) Manthyran	1 15/24/25	tionality He
8	institute from where Graduated whichever is applicable)	(Fill one option	englon); (1)
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· b	Other Public Sector Institute Pu	*	
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,	PMDC Provisional	İ Blood	Group & 2
.11	receipt of application of Registration to PMDC		
12	Email Address	I WER:H	Type
13	Telephone (Residence	e) (Mobi	le)
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	Passport Number (foreigners)	TOWN CONTRACTORS	
15	Address		
16	Permanent Address		
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Rank :	••	: ;;			ention your preferred rotations in order of priority; as per notified list of units of this hospital)
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2					
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## Important Instructions:

- 1) The form is to be submitted to the office of the Medical Superintendent, (Name of Hospital) as
- tists of selected NOs based on merit shall be displayed on the Notice boards of Medical Superintendent, Concerned Units as well as at the College / hospital websites
- 3) Documents to attach (Attested Photocopies)
  - a. Matric certificate
  - b. F.Sc Certificate
  - A18BS Degree/ Provisional Certificate
  - d. Result cards of all professional exams CNIC/Passport

  - f. PMDC registration ( or receipt of application of Registration to PMDC)
  - Three passport size photographs (one to be pasted on the front page and two to be stapled)
- 4) No application shall be entertained without the above documents
- 5) No Dues Certificate (NOC) from warden boys/girls hostel from concerned University / College
- 6) Compulsory Rotations:
  - a. Major Medicine
  - b. Major Surgery
  - c. Minor Specialty (Allied Medicine)
  - d. Minor Specialty (Aliled Surgery)
- 7) Every applicant must opt for the 4-compulsory rotations of three months each
- 8) Applicants will be divided into 4 batches. Each batch will be rotated according to their merit Major Medicine, any Allied Medicine and Major Surgery, any Allied Surgery ( as per Schedule for Rotation)
- 9) In case of termination of job, experience certificate will not be issued. House Job certificate will only be issued after the testimonial of the Head of the Department / Unit.

- i) I do hereby solemnly declare that the information given by me in this application form is true and correct to the best of my knowledge and belief. I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned authorities. My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates at the time of interview. I will not claim benefit of any information which is not mentioned in the application form and is produced later on.
- ID I declare that I have not been already employed anywhere for house job and I am submitting my application through proper channel and I will ensure that I shall resign from my existing post (if any) when selected.
- iii) I undertake to serve for the term of one year in case of selection as an internee house Surgeon/physician.
- (v) I solemnly declare that I shall be legally bound to surrender my security of Rs. 1000/- in case I leave House Job
- v) I undertake to produce the registration of PMDC.
- vi) I have also read the rules and regulations and I am submitting the alfidavit on judicial paper worth Rs. 50/- duly signed and attested by the oath commissioner.

Lalso understand that after the submission of application, if my application stands incomplete, wrongly filled, unsigned or misstated in the above replies, disciplinary action shall be taken against me under the rules.

Signature of the Applicant

Official Use Only

Comments/Status

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# SAMPLE OF AFFIDAVIT TO BE SUBMITTED ON JUDICIAL PAPER OF RS.50/- ATTESTED BY THE OATH COMMISSIONER.

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## AFFIDAVIT

l Dr.	
(Name	of Hospital) do hereby solemnly declare and affirm as under: -
1. lw	I not take part in any association / union.
2. 1 v slo	ill not take part in any subversive activities i.e. strikes, demonstrations
3. I w	ill be bound to abide by the rules, regulation and orders issued by hospital authorities. I have read the rules and regulations carefully.
4. Th	at if, I am found indulged in any such activities and violations of es and regulation, my house job will be liable to be terminated hout assigning any notice.
	Signature:  Name: Dr.  S/O, D/O, W/O  Phone No (Rep.)
	Mobile No

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