



**GOVERNMENT OF JAMMU AND KASHMIR
SKIMS DEEMED UNIVERSITY
SRINAGAR**

ADVERTISEMENT NOTIFICATION NO. SIMS/ACAD/ 04 OF 2025

D A T E D: 20/09/2025

Applications are invited on prescribed format from the eligible candidates for engagement as Stipendiary Senior Residents on tenure basis initially for a period of one year for *vacant or likely to be vacant positions* in the departments shown in **ANNEXURE "A"**.

• **ESSENTIAL REQUIREMENTS:**

01. DM/MCh/ Dr NB /MD/MS/DNB/ Degree from a recognized College/University (As defined by National Medical Commission).
02. J&K Medical Registration of DM/MCh/ Dr NB /MD/MS/DNB
03. Domicile Certificate of J&K.
04. N.O.C from employer (For In-Service Candidates)
05. **Fee Receipt of Rs. 1000/- Non-Refundable (To be deposited in P.O.S available in Academics Section through Card / UPI).**

Note:

1. Certificate(s) must be issued by or before the last date of submission of application forms.
 2. No under process certificate(s) shall be entertained.
 3. The last date for receipt of Application is **06.09.2025 (04:00P.M).** No application shall be entertained after cut-off-date.
 4. Candidate(s) eligible in more than one specialty are required to apply separately for each department.
- **AGE:** Not more than 45 years as on 01.01.2025 for broad specialties, Not More than 50 Years as on 01.01.2025 for dept. of Community Medicine, Community Medicine (Ophthalmology Unit) and Microbiology.
 - **FINANCIAL EMOLUMENTS:**
The appointee shall be paid stipend plus other usual allowances as admissible under rules. However, HRA shall be payable only in favor of those Senior Residents who are not provided accommodation of any kind at the SKIMS Campus.
 - **HOW TO APPLY:**
Candidates have to apply in prescribed form attached as **ANNEXURE-B** and available on SKIMS website (www.skims.ac.in). The candidates are required to submit filled in application form along with requisite documents/certificates, N.O.C (*In-case of In-Service candidates*) and fee receipt of **Rs. 1000/-** in the Academics Section (University Block) SKIMS Soura Srinagar by or before **06.09.2025 (04:00 P.M).** No application shall be entertained after cut-off date.

• **DATE FOR SELECTION PROCESS:**

The date for conducting of Selection shall be notified separately on SKIMS website. **No individual communication shall be made in this regard.**

• **TERMS & CONDITIONS:**

The engagement shall be governed by all terms & conditions of tenure engagement in vogue at SKIMS and the appointee shall abide by all the rules governing the tenure engagement. Any breach thereof shall make Senior Resident liable for relieving from the tenure job immediately.

Candidates are advised to submit filled in application form complete in all aspects as required, along with the requisite documents/certificates/papers, payment of fee. Incomplete application form(s) are liable for **REJECTION** and no correspondence whatsoever shall be entertained in this regard.

Sd. /-
**Director SKIMS &
Ex-Officio Secretary to Govt.**

No. SIMS/ACAD/305 05 SR/2025/25- 5601 - 5600

Dated: 20/09/2025

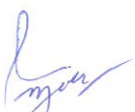
Copy to:

01. Medical Superintendent SKIMS.
02. HOD _____, SKIMS
03. Registrar-cum-Controller, SKIMS (Deemed University).
04. Director Finance SKIMS.
05. Assistant Executive Engineer (N&M / IT), SKIMS to advise the concerned to upload the notification along with Annexures on SKIMS.
06. Assistant Director Public Relations SKIMS *for publicity through all available means of communications.*
07. PS to Director for information of the Director SKIMS & EOSG.
08. PA to Dean Medical Faculty for information of Dean MF SKIMS
09. Master file/ Advertisement file.




**Dean Medical Faculty
SKIMS**

Annexure "A"

Sr. No	Name of the Specialty	Prescribed Qualification
1.	Anaesthesiology	M.D./DNB (Anaesthesiology)
2.	Critical Care Medicine	D.M./DNB/DrNB (Critical Care Medicine) M.D./DNB (Anaesthesiology) M.D./DNB (General Medicine) M.D./DNB (Respiratory Medicine) M.D./DNB (Emergency Medicine) M.D./DNB/ DM (Pulmonary Medicine)
3.	Community Medicine	M.D./DNB (Community Medicine) M.D. (Community Health Administration)
4.	Community Medicine (Ophthalmology Unit)	M.S./M.D./DNB (Ophthalmology)
5.	Emergency Medicine	M.D./DNB (Emergency Medicine) M.D./DNB (General Medicine) M.D./DNB (Anaesthesia) M.D./DNB (Respiratory Medicine) M.S./DNB (General Surgery) M.S./DNB (Orthopaedics)
6.	Geriatrics	M.D./DNB (Geriatrics) M.D./DNB (General Medicine)
7.	Microbiology	M.D./DNB (Microbiology) MSc (Medical Microbiology) with PhD in Medical Microbiology
8.	General Medicine	M.D./DNB (General Medicine)
9.	Clinical Hematology	D.M./DNB/DrNB (Clinical Haematology) OR M.D./DNB (Biochemistry) M.D./DNB (General Medicine) M.D./DNB (Paediatrics) M.D./DNB (Pathology)/ M.D./DNB (Immunohaematology and Blood Transfusion)
10.	Gastroenterology	D.M./DNB/DrNB (Gastroenterology)




11.	Medical Oncology	D.M./DNB/DrNB (Medical Oncology) OR M.D./DNB (General Medicine) M.D./DNB (Paediatrics) M.D./DNB (Radiation Oncology)
12.	Nephrology	D.M./DNB/DrNB (Nephrology)
13.	Neurology	D.M./DNB/DrNB (Neurology)
14.	Pulmonary Medicine	D.M (Pulmonary Medicine) OR M.D / DNB (Respiratory Medicine) M.D / D.N.B (General Medicine) M.D / D.N.B (Paediatrics)
15.	Cardiology	D.M./DNB/DrNB (Cardiology)
16.	Endocrinology	D.M./DNB/DrNB (Endocrinology)
17.	Radiation Oncology	M.D./ DNB (Radiation Oncology)
18.	Surgery & Allied Specialties	M.S./DNB (General Surgery) (Candidate(s) with higher qualification (M.Ch) can also apply).


Dean Medical Faculty
SKIMS


Application Fee of Rs. 1000/-
is to be deposited in P.O.S
available in Academics
Section through Card / UPI

GOVERNMENT OF JAMMU AND KASHMIR
SHER-I-KASHMIR INSTITUTE OF MEDICAL SCIENCES
[DEEMED UNIVERSITY]
SOURA, SRINAGAR

PHOTO
GRAPH
(DO NOT
STAPLE)

APPLICATION FORM FOR THE POST OF

Senior Resident _____

(Name of Specialty as per Annexure-A)

1. Name of Doctor _____
2. Parentage _____
3. Residential Address _____
_____ PIN _____
4. Current Address _____
_____ PIN _____
5. Mobile No. _____ Alternate contact No. _____
6. E-mail _____
7. Date of Birth _____
8. Whether working in Govt. / Semi-Govt. / Private (PSC/Non-PSC) _____
If YES, NOC from employer enclosed _____

DETAILS OF QUALIFICATION

9. Highest Qualification _____
10. State Registration No. _____

DETAILS OF DOCUMENTS

S. No.	Certificate/ Document	Whether produced	
		Yes	No
I.	Marks Card (10 th)		
II.	Marks Card (12 th)		
III.	Marks Cards MBBS/MD/MS/DM/M.Ch. Marks Cards (All Professional Years)		
IV.	Degree Certificate MBBS/MD/MS/DM/M.Ch.		
V.	Attempt Certificate		
VI.	State Registration Certificate State MD/DM/MCh/Dr NB		
VII.	Date of Birth Certificate		
VIII.	Domicile Certificate		

11. Whether Already Worked as Senior Resident at SKIMS _____ (YES / NO)
12. If yes, Name of Department _____
(i) From _____ to _____ under Code No. _____

DECLARATION

I do hereby declare that the statements / documents attached by the undersigned are true to the best of my knowledge. If any of them is found fake/fictitious at any stage, I shall be liable for cancellation of my candidature beside initiation of legal proceedings.

Signature of Applicant

- Documents found in Order or Not _____
- Deficiencies found (if any) _____

Signature of Dealing Assistant

Detail of Qualifications				
S. No.	Qualification	College / University	Marks Obtained /Maximum Marks	Percentage
1.	10 th			
2.	12 th			
3.	MBBS (Aggregate)			
4.	M.D / M.S/ DNB _____			
5.	D.M/M. Ch/Dr. NB _____			

Detail of Publications (If any)				
S. No.	Publication (Topic)	Author (1 st /2 nd /3 rd)	Journal Name	Publication Date
1.				
2.				
3.				

Detail of Awards (If any)				
S. No.	Award Name	Awarded by	Activity/Achievement	Date of Award
1.				
2.				
3.				

DECLARATION

I do hereby declare that the statements / documents attached by the undersigned are true to the best of my knowledge. If any of them is found fake/fictitious at any stage, I shall be liable for cancellation of my candidature beside initiation of legal proceedings.

Signature of Applicant

Place:

Date: