



JANAKPURI SUPER SPECIALITY HOSPITAL

(AN AUTONOMOUS INSTITUTE)

GOVT. OF NCT OF DELHI

C-2B, JANAKPURI, NEW DELHI-110058

Website: www.jsshs.org www.health.delhigovt.nic.in

Email: janakpurijssh@yahoo.com Phone: 011-28504100

F.9(70)/JSSH/Estt./EdCIL/2017/Pt.File-I *12438*

Dated: *09/09/23*

Last and Final Notice for Verification of Documents

It is hereby informed that in view of the vacancies left in various categories of posts notified vide Important Notice dated 28.12.2021, the candidates next in order of merit for the various posts as per **Annexure** attached, are hereby informed that the counseling for verification of documents has been scheduled from 11.09.2023 to 25.09.2023.

The details of shortlisted candidates (strictly in order of merit) are given in the **Annexure**.

All candidates whose name and roll no. are given in the Annexure are required to report at Administration Branch, JSSH on any working day between 10:00 am to 01:00 pm from 11.09.2023 till 25.09.2023, failing which their candidature will be cancelled without further reference and no request would be considered after 25.09.2023.

Candidates have to report for document verification at their own cost. No TA/DA claim will be admissible in this regard.

Candidates must bring the following documents in original alongwith one set of photocopies (self attested) of each :-

1. For proof of Date of Birth: Birth Certificate/Class 10th certificate showing date of birth.
2. For proof of essential Educational Qualification : Marksheets and Certificates of degree/diploma (as applicable).
3. Caste Certificate for candidates who have applied under SC/ST/OBC (Delhi) category.
4. Non Creamy Layer Certificate for OBC (Delhi) Candidates from Authorised/Competent Authority.
5. Income and Assest certificate for EWS candidates from Authorised/Competent Authority.
6. Physically Handicapped Certificate showing extent of Disability from Authorised/Competent Authority.
7. NOC from present Employer, if applicable.
8. For Photo ID Proof : Voter ID/PAN Card/Aadhar Card/Passport.
9. Four Recent Passport size photographs.
10. Copy of Admit Card.

Candidates are required to download the following forms and submit these duly filled forms at the time of verification:-

- a. Proforma for providing personal details (Form 1)
- b. Undertaking for not having been debarred by any board in any examination (Form 2)
- c. Self Declaration (Form 3)
- d. Oath of Allegiance for Indian Nationals (Form 4)
- e. Undertaking for OBC Candidates (Form 5)
- f. Undertaking for EWS Candidates (Form 6)
- g. Undertaking "That I Am the Same Person" (Form 7)

Note :- Verification of documents does not entitle the candidate for appointment. Offer letters shall be issued only in case the vacancy still exists.

29/09/23
Dr. Col H C SHARMA
MEDICAL SUPERINTENDENT/HOO

ANNEXURE (08/2023)**Post Code :- 01/18****Post Name :- Nursing Officer (UR)**

S. NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	388	111080100466	AANESH KUMAR VISHNOI
2	389	111040100413	SANJESH KUMAR
3	390	111020100772	SHARVAN KUMAR
4	391	111120101212	KAISHAV KUMAR DARJI
5	394	111050100494	ASHISH VASHISHTH
6	395	111110101180	ARPIT SHARMA
7	397	111050100449	VIKAS TAMOLI
8	399	111010100576	PUSHPENDRA VAISHNAV
9	401	111110100277	SHWETA AGNIHOTRI
10	403	111160100029	SASHANK SAMMY
11	408	111110101243	BILAL MOHAMMAD
12	410	111130100121	ANJANA
13	411	111020100100	MAHESH KUMAR
14	413	111020100231	NEETU DIXIT
15	414	111110101152	RAFIK MOHAMMAD
16	416	111060100386	BHAGWAN SINGH
17	417	111110101170	KAPTAN SINGH
18	418	111120101719	LUCKKI GOSWAMI
19	419	111030100343	RITU
20	422	111170100095	SURESH KUMAR DHAKAR
21	424	111030100305	BEENA
22	428	111060100017	MANOJ CHOUDHARY
23	429	111020100418	KARMVEER KUMAWAT
24	430	111060100357	LAKSHMAN KUMAR SAINI
25	431	111150100202	SONU KUMAR
26	432	111080100599	MAYANK SHARMA
27	434	111080100096	KISHAN CHHIKARA
28	435	111120101318	SHAKTI SINGH CHUNDAWAT
29	440	111010100077	MANISHA ROHELLA
30	442	111170100091	LALIT KUMAR YADAV

Post Name :- Nursing Officer (UR EWS)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	1826	111130100066	MUBARAK ALI
2	1847	111120101052	SAIMA KHAN
3	1862	111120101683	NAVEEN KUMAR SHARMA
4	1863	111030100381	ROHITASHW
5	1911	111070100411	SURESH KUMAR
6	1915	111160100133	AJAY KUMAR SHARMA
7	1960	111120100741	DOLLY
8	2045	111030100441	GOVIND TIWARI
9	2054	111010100130	SAKSHI SHARMA
10	2060	111040100490	RAVINDRA SINGH

Post Name :- Nursing Officer (OBC)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	1251	111070100388	ASHA GODARA
2	1254	111160100037	KANISHKA
3	1255	111120100752	RUBY
4	1257	111020100651	SATPAL
5	1259	111120100785	KRISHAN

6	1262	111120101045	PINKI KULRIYA
7	1267	111090100393	ASHOK KUMAR
8	1271	111010100451	ANJU YADAV
9	1274	111070100182	DEEPANJALI
10	1276	111070100158	MONIKA
11	1281	111040100310	MAHESH KUMAR SAINI
12	1282	111120100096	KOMAL SAINI
13	1291	111110101315	KANCHAN
14	1296	111020100038	KIRAN PAL
15	1300	111090100078	MONIKA
16	1306	111100100794	RAKESH KUMAR SAINI
17	1310	111080100663	PRAVEEN KUMAR SAINI
18	1321	111030100035	IMRAN ALI ANSARI
19	1323	111010100315	DEEPIKA
20	1330	111110101367	HARSH RASTOGI
21	1333	111110101037	POOJA SAINI
22	1334	111150100203	RAGHUNATH JAT
23	1338	111110101478	SHEETAL
24	1339	111150100239	RITU
25	1352	111120100358	JYOTI
26	1354	111170100028	HIMANSHI BAGHEL
27	1356	111140100331	RAVI SEN
28	1357	111120100268	NAVNEET KAUR BHATTI

Post Name :- Nursing Officer (SC)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	981	111120100773	NARPAT RAM
2	983	111140100336	RAKESH
3	995	111050100024	KOMAL
4	1000	111110101350	VIKRAM JATAV
5	1007	111090100345	PARIKSHIT MADHAV

Post Name :- Nursing Officer (ST)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	1760	111040100218	SHALINI EKKA
2	1769	111110101017	PAWAN KUMAR MEENA
3	1815	111040100474	SANGITA MEENA
4	1817	111050100411	JITESH KUMAR MEENA
5	1837	111120100043	CAROLYNE THIAMNEITING
6	1841	111120101011	RAKESH MEENA
7	1850	111120100303	SONAM WANGMO
8	1851	111120101122	PRAVEEN MEENA
9	1874	111110100514	LAXMI KUMARI KHANT
10	1912	111060100115	DEBORAH CHAO KH
11	1942	111180100063	RUKAMKESH MEENA
12	1944	111100100070	THANGNUNMOI
13	1951	111090100291	CARMELA RONGMEI
14	1955	111110100048	BHAIRU SINGH MEENA

Post Name :- Nursing Officer (PWD)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	4576	111010100004	MADAN GOPAL
2	4635	111050100003	FARHEEN

Post Code :- 06/18

Post Name :- Senior Radiographer (UR)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	16	111010600064	ABDUL ANSARI
2	18	111020600008	ABHISHEK SINGH
3	19	111010600148	AINUL ISLAM
4	22	111010600030	AKSHAY AWASTHI

Post Name :- Senior Radiographer (SC)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	65	111010600142	URMILA
2	70	111010600050	NITIN
3	75	111010600168	DARSHAN KUMAR
4	76	111010600103	ASHOK PRATAP
5	81	111010600113	VANDANA KASHYAP

Post Code :- 15/18

Post Name :- Junior Radiographer (UR)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	16	111011500061	DIKSHA RANA
2	17	111011500339	VIKAS
3	19	111021500139	TANISHA
4	20	111011500278	VISHAL PANWAR
5	21	111021500037	RINKI

Post Name :- Junior Radiographer (OBC)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	42	111011500085	ARVIND KUMAR
2	44	111011500263	MOHIT
3	48	111011500129	SARITA
4	69	111011500051	HIMANSHU CHAUDHARY
5	76	111011500246	ANNU SAINI
6	77	111011500030	CHANCHAL KUMARI

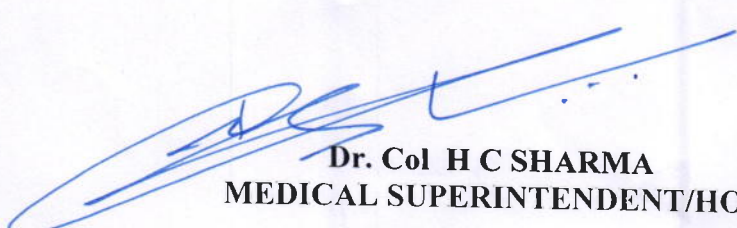
Post Name :- Junior Radiographer (SC)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	67	111011500093	NITIN
2	80	111021500101	ANKITA CHAUHAN
3	81	111011500097	SAURABH BHARTI
4	84	111011500072	ANKUSH
5	88	111011500021	CHETAN

Post Code :- 18/18

Post Name :- Administrative Officer (UR)

S.NO.	CML	ROLL NO.	NAME OF THE CANDIDATE
1	12	111011800014	TANVI NAGPAL
2	13	111011800039	ANIL KUMAR
3	14	111011800053	AJAY GUPTA
4	15	111011800062	BABU MANI TIWARI
5	16	111021800019	ASHISH RANJAN


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PROFORMA FOR PERSONAL DETAILS

	Post Applied For :-		
	Roll No. :-		
1.	Name of the candidate		Affix recent Passport size Photograph and Signature
2.	Father's Name		
3.	Husband's Name		
4.	Date of Birth	(in figures)	
		(in words)	
5.	Religion		
6.	Whether belong to SC/ST/ OBC/EWS/PH/ Ex- Servicemen etc.		

7. Academic/Professional Qualifications from 10th onwards:-

S. No.	Name of Course/ Degree etc.	Name of Board/ University	Subject	Division	% age	Year of Passing

8. Details of Post(s) held previously, if any:-

Name of the post	Date of joining	Date of Leaving	Name of the Employer(s)

9.	Present Address, Phone No. and E-mail	
10.	Permanent Address & Phone No.	
11.	If employed at present, the date on which will be relieved from the post.	
12.	Any other information	

DECLARATION

I solemnly declare that the information given above is true and correct to the best of my knowledge and belief and nothing has been concealed.

Date:

Signature:
Name:
(In block letters)



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UNDERTAKING

I _____ give an undertaking that I have never been debarred by any Board/University/Commission in any examination. If at any stage it is found to be false or incorrect, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me accordingly.

Date:

Signature:

Name:

(In block letters)



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SELF DECLARATION FORM

I _____ son/daughter of Sh. _____

Age _____ (years) resident of _____

Do hereby affirm and declare:-

1. That :-

- I am Unmarried/Widower/Widow.
- I am married and have only one living spouse.
- I have entered into and contracted a marriage with another person, in addition to having a living spouse. Application for grant of exemption is enclosed.
- I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

2. That the certificates/documents produced by me and the copies of the same deposited by me with the application form are genuine and are issued by the recognized Institute/Board/University, and if the same are proved to be fake/false during the course of verification of certificates/documents by the JSSH, my service shall be liable to be terminated without any notice in addition to penal action as warranted by the appropriate authority.

3. That I am well aware that concealment of facts and giving false information is a punishable offence and in case I am found to be guilty of giving false information or concealment of facts herein, I will be liable to be punished with imprisonment and/or fine as per the relevant provisions of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of facts shall be liable to be summarily withdrawn.

4. That I bear good moral Character and the same may be verified from any Appropriate Authority.

Date:

Signature:

Name:

(In block letters)

Note: Please delete clause/clause not applicable.



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OATH OF ALLEGIANCE FOR INDIAN NATIONALS

I _____ do swear/solemnly affirm and declare that I will be faithful and bear true allegiance to India and to the Constitution of India, as by law established, that I will uphold the sovereignty of India and that I will carry out the duties of my office, honestly and impartially.

Date:

Signature:

Name:

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UNDERTAKING

(For OBC candidates only)

I _____ son/daughter of Shri _____
 resident of Village/Town/City _____
 District _____ State _____ hereby
 declare that I belong to the _____
 community which is recognized as a backward class by the Govt. of Delhi for
 the purpose of reservation in service/appointment in Delhi Government
 service in accordance with notification No.28 (93)/91-92/scst/p&s/4385-95
 dated 20.01.1995 of Government of Delhi. It is also declared that I do not
 belong to person/section (Creamy Layer) mentioned in Column 3 of the
 Schedule in Department of Personal and Training office Memorandum No.
 36012/22/93-Estt. (SCT) dated 8/9/1993, which is modified vide
 Department of Personnel and Training office Memorandum No. 36033/3/2004
 Estt.(Res) dated 9/3/2004 and 36033/3/2004 Estt.(Res) dated 14/10/2008.

I also declare that the condition of status/annual income for creamy
 layer of my parents/guardian is within the prescribed limits as on date. I
 understand that my appointment/offer will stand cancelled in case the "Non-
 creamy Layer Certificate" submitted by me is found not genuine/invalid.

Date:

Signature:

Name:

(In block letters)



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UNDERTAKING
(For EWS candidates only)

I _____ son/daughter of Shri _____
resident of Village/Town/City _____
District _____ State _____ hereby
declare that I belong to the Economically Weaker Sections (EWSs) for the
purpose of reservation in service/appointment in Delhi Government service in
accordance with notification of DoPT OM No.36039/1/2019-Estt (Res) dated
31.01.2019 endorsed by Govt. of NCT of Delhi, Services Department vide
Circular No. 19(10)/2018/S-IV/1595 dated 28.05.2019.

I also declare that the condition of status/annual income as per Income
and Asset Certificate furnished by me is true and correct. I understand that
my appointment/offer will stand cancelled in case the Certificate submitted by
me is found not genuine/invalid.

Date:

Signature:

Name:

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UNDERTAKING

I, _____, son/daughter/wife of Shri _____
do hereby undertake that I am the same person who
applied for the post of _____ and whose
name, photograph, signature and other particulars appear in the Application
form, Affidavit and other Educational Certificates etc.

PHOTO

THUMB IMPRESSION

Date :

Signature:

Name:

(In block letters)