



GOVERNMENT OF JAMMU AND KASHMIR
SKIMS DEEMED UNIVERSITY
SRINAGAR

Notification for Walk-in-Interview

SKIMS (Deemed University) is intending to hire Senior Residents in some departments on urgent basis. Accordingly, “**Walk In Interview**” is scheduled to be conducted on **30.04.2026 (Thursday)** in **Board Room SKIMS, Soura** in the departments figuring in ANNEXURE-I with the eligibility criteria as shown against each.

The other eligibility conditions shall be as per notifications issued by National Medical Commission, New Delhi from time to time and as applicable as on date.

The Interested candidates are advised to report Academic Section, SKIMS (University Block) at **10:00 A.M** with one set of **XEROX** of following documents along with **ORIGINAL** documents for verification:

01. MD/MS/DNB/MSc/PhD Degree from a recognized College/University
(As defined by National Medical Commission).
02. State Medical Registration (Permanent).
03. Domicile certificate of J&K.
04. Date of Birth Certificate.
05. Marks Certificates.
06. Papers / Publications (if any)
07. Awards (if any)
08. N.O.C from employer in case of P.S.C Confirmed Candidate(s).
09. Undertaking as per Annexure-II

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

No. SIMS/ACAD/305 05 SR/2026/26- 540-42
Dated: 25.04.2026

Copy to:

01. Assistant Director Public Relation Officer for wide publicity through all available means of communication/official social media of SKIMS.
02. Assistant Executive Engineer (Electric/IT) SKIMS with the request to advise the concerned to upload the notice on SKIMS website.
03. Notice Boards SKIMS


Dean Medical Faculty
SKIMS

Annexure-I

(No. SIMS/ACAD/305 05 SR/2026/26- 540-42

Dated: 25 04.2026)

S. No.	Name of the Specialty	Academic Qualification
1.	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) <i>(Note: Candidate(s) with qualification M.D./DNB (Emergency Medicine), M.D./DNB (General Medicine) and M.D./DNB (Respiratory Medicine) only are enjoined upon to apply in view of departmental requirements at present.)</i>
2.	Hospital Administration	M.D. (Hospital Administration)
3.	Nuclear Medicine	M.D./DNB (Nuclear Medicine) M.D. (Radiotherapy) M.D.(Medicine) with DRM or DNM M.D. (Radio-diagnosis) M.D. (Biophysics) or its equivalent qualification in Biophysics with DRM or DNM or DNB in Nuclear Medicine
4.	Medicine and allied Specialties	M.D / DNB General Medicine <i>(Candidate (s) with qualification as D.M can also apply)</i>
5.	Surgery and allied Specialties	M.S./DNB (General Surgery) <i>(Candidate (s) with qualification as M.Ch can also apply)</i>
6.	Obstetrics and Gynaecology	M.D./M.S./DNB (Obstetrics and Gynaecology)
7.	Geriatrics	M.D./DNB (Geriatrics) M.D./DNB (General Medicine)
8.	Radio-Diagnosis	M.D./ DNB(Radio-Diagnosis)
9.	Paediatrics	M.D./DNB (Paediatrics)

Note

- Candidate(s) eligible in more than one specialty are required to apply separately for each department.
- Candidate(s) who have already undergone Senior Residency at any Institute shall not be ordinarily considered for re-engagement. However, in case where there is deficiency of eligible candidate (s) or inadequate response in certain departments the designated committee may take a decision for engagement of such candidate(s) to meet Institutional requirements / Patient-Care.
- The attendance of candidate(s) appearing for Walk In Interview shall be closed at 10:15 A.M.



Dean Medical Faculty
SKIMS

Annexure-II

(Format of the affidavit duly attested by First Class Judicial Magistrate to the effect that:)

I hereby declare that:

1. I am a domicile of the Union Territory of Jammu & Kashmir.
2. I am applying for the position of Senior Resident in the Department of _____ at SKIMS.
3. I have not completed Senior Residency of three (03) years at any institute in the department in which I am applying at SKIMS.
4. The statements/documents submitted by me are true to the best of my knowledge. If any of them are found to be fake or fictitious at any stage, I shall be liable for cancellation of my candidature *ab-initio*, along with initiation of legal proceedings.
5. I accept all terms and conditions of the notifications/corrigendum (if any) and agree to abide by them. Any breach thereof shall render my candidature liable for rejection without any notice.



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

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(DO NOT
STAPLE)

**APPLICATION FORM FOR THE POST OF
Senior Resident _____**

1. Name of Doctor _____
2. Parentage _____
3. Residential Address _____

4. Current Address _____ PIN _____
_____ 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
1.	Marks Card (10 th)		
2.	Marks Card (12 th)		
3.	Marks Cards MBBS/MD/MS/DM/M.Ch. Marks Cards (All Professional Years)		
4.	Degree Certificate MBBS/MD/MS/DM/M.Ch.		
5.	Attempt Certificate		
6.	State Registration Certificate State MD/DM/MCh/Dr NB		
7.	Date of Birth Certificate		
8.	Domicile Certificate		

11. Whether Already Worked as Senior Resident for 03 Years _____ (YES / NO)
12. If yes, Name of Department _____
Name of Institute _____

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 (1st /2nd /3rd)	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: