



OFFICE OF THE DEAN & PRINCIPAL,
SAHEED LAXMAN NAYAK MEDICAL COLLEGE & HOSPITAL, KORAPUT
Mail ID-slnmchkptrecruitment@gmail.com

No. 286 /Estt./II-723/2025

Dt: 15 /01/2025

Provisional Merit list for the post of Junior Resident, SLNMCH, Koraput


Advertisement No.172/Estt./II-723/2024, dt.08.01.2025

Date of Walk-in-interview-15.01.2025

The following candidates are hereby provisionally shortlisted for the post of Junior Resident of this Medical College & Hospital as mentioned below. The grievances from the candidate, if any, will be allowed to be put forth to the office Email-slnmchkptrecruitment@gmail.com on or before **16.01.2025 by 5 PM** positively. Those candidates who were shortlisted for multiple discipline/ Post, they have to submit an option form to choose discipline/ post to this undersigned on **16.01.2025 by 5 PM** positively.

Vacancy-9						
Sl. No.	Name of the Doctor	Educational Qualification	Category	Score	Merit No.	Document wanting
1	Dr. Sumir Kumar Sahu	MBBS	Direct	73.98	1	
2	Dr. Jitendra Singh Yadav	MBBS	Direct	68.65	2	*NOC from RMC

***Note:** Those who are registered in other state councils should submit NOC from the concerned council and proof of online application to OCMR. If the wanting document will not be submitted to the undersigned before **22.01.2025 by 5 pm** of publishing of the provisional merit list, then the candidature shall be rejected.


/s/ Dean & Principal,
SLNMCH, Koraput

OPTION FORM AND DECLARATION OF SR/TUTOR/IR

I, Dr. _____, do hereby exercise my option and declare today i.e. dt. _____ through walk-in-interview held on 15.01.2025 in the office of SLNMCH, Koraput.

- i. That, I shall exercise my option for the post of _____ in the discipline of _____ at SLNMCH, Koraput.
- ii. I do hereby declare that, I refuse to give my option for the post of _____ in the discipline of _____ at SLNMCH, Koraput and I don't have any objection, if my seat is allotted to the next candidate on Merit.

Signature of the candidate

Date:

Place:

GRIEVANCES FOR THE POST OF SENIOR RESIDENT/TUTOR/JUNIOR RESIDENT

1. Full Name of the candidate : _____
2. Advertisement No. & Date : _____
3. Applied for the post : _____
4. Grievances, if any :

5. Any document enclosed for grievances: Yes No

6. Email ID : _____

Date:

Signature of the Candidate

Considered/Not Considered

Signature of the Chairman