

[OFFICE OF THE DIRECTOR ACADEMICS]

R E S U L T (ADVT.10/2026)

SENIOR RESIDENT in **PEDIATRIC SURGERY** in the Department of **SURGICAL ONCOLOGY**

Selected candidate should join immediately and report to Homi Bhabha Block, 13th Floor, Training Cell, Room No. 1301, TMH, Parel, Mumbai – 400012 at 9:15 a.m. positively with the following ORIGINAL documents & Self attested 01 set of copies :

Check List :-

| Tick Mark | MBBS | BDS | MD | MS | MDS | DNB | MCH | DM | Dr.NB |
|------------------------|--|-----|----|----|-----|-----|-----|----|-------|
| SENIOR RESIDENT | | | | | | | | | |
| Sr. No. | NAME OF THE DOCUMENTS | | | | | | | | |
| 1 | Maharashtra Medical / Dental Council Registration | | | | | | | | |
| 2 | MCI / State Council Registration | | | | | | | | |
| 3 | Final Degree Certificate (UG, PG & Super Specialty) | | | | | | | | |
| 4 | First to Final Year Marksheets (UG, PG & Super Specialty) | | | | | | | | |
| 5 | Internship Completion Certificate (UG) | | | | | | | | |
| 6 | Attempt Certificate (UG, PG & Super Specialty) | | | | | | | | |
| 7 | Experience certificate, if any | | | | | | | | |
| 8 | Resignation letter OR Reliving Order, if any | | | | | | | | |
| 9 | Medical Fitness Certificate (From Outside Physician) | | | | | | | | |
| 10 | Date of Birth Proof (Birth certificate/10 th Board certificate/Transfer/Leave Certificate) | | | | | | | | |
| 11 | Aadhar Card Two Copies | | | | | | | | |
| 12 | PAN Card Two Copies | | | | | | | | |
| 13 | Cancelled Cheque (with name) OR Bank Passbook Copy (for Salary Purpose) | | | | | | | | |
| 14 | Passport Size Photo (5 Nos.) | | | | | | | | |

Selected candidate is required to give her **acceptance immediately** by email : resident-acad.tmh@tmc.gov.in

SELECTED CANDIDATE

DR. AMEYA MUZUMDAR

Note : Selected candidate who failed to produce any documents as per our Advertisement 10/2026, his/her selection will stand cancelled.

**(TRAINING CELL)
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