भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029
निदेशक कार्यालय
Office of Director

File No.: E41198ACDM-22/1/2026-ACAD-VMMC Dated: 17.07.2026

ADMISSION NOTICE

SELECTION OF TRAINEES FOR 17th COURSE OF PRE-HOSPITAL TRAUMA ASSISTANT, IN SAFDARJUNG HOSPITAL & VMMC NEW DELHI, ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES AND DR. RAM MANOHAR LOHIA HOSPITAL NEW DLEHI AND LADY HARDINGE MEDICAL COLLEGE & SMT.S. K. HOSPITAL NEW DELHI

(SESSION 2026-27)

Application in the Proforma given on below (website **www.vmmc-sjh.mohfw.gov.in**) are invited from the candidates for selection of Pre-Hospital Trauma Assistant Course (PTA Course) to commence from 1st October, 2026 at Safdarjung Hospital, Dr. R.M.L. Hospital and LHMC & Associated Hospitals. The duration of the training will be 9+3 months internship on successful completion of which the trainees will be awarded certificates by the Directorate General Health Services. Personnel may be stationed in specialized ambulance during the training.

Seats:

Total no. of seats = 90

Category wise allocation of seats UR = 36

EWS= 09

OBC = 24

SC = 14

ST = 07

Thirty (30) candidates each will be admitted in all the three Institutions mentioned above. Candidates should submit passport size photograph duly pasted on the prescribed application form along with attested copies of certificates in support of Date of Birth, Qualification and Category etc. in absence of which, the application is liable to be rejected.

ELIGIBILITY CRITERIA:

QUALIFICATION: Passed 10+2 with science -- Physics, Chemistry & Biology with minimum 55%

marks in the aggregates for General Candidates and 50% marks for reserved category candidates.

Selection of eligible candidates will be made on the basis of aggregate percentage marks of PCB only secured by them in 10+2 Examination of CBSE/any other equivalent recognized Board. In case two or more candidates have secured the same aggregated percentage of marks, the inter-re-ranking of such candidates shall be determined by the following order of preferences#

1.The Candidate who has secured higher marks in Biology.

2. The Candidate who has secured higher marks in Physics.

3.The Candidate who is older in age.

Age: **Not less than 17 years and not more than 25 years. Cut-off date determining age, qualification etc. will be 1st October 2026. However, the relaxation in age will be 05 (five) years for SC, ST and 3 (Three) years for OBC candidates as per Govt. rules/instructions in this regard.**

Stipend:

Selected candidates admitted to the training course will be paid monthly stipend of Rs.1500/-. However, no hostel accommodation will be provided.

Procedure for applying:

ONLINE APPLICATION FORM GIVEN ON THE WEBSITE (**www.vmmc-sjh.mohfw.gov.in**) TO BE SUBMITTED WITH DOCUMENTS TO THE DIARY AND DISPATCH SECTION (NEAR GATE NO.2 AND NEAR BANK OF BARODA SAFDARJANG HOSPITAL BRANCH) OF THIS INSTITUTE should be done. The application sent by post should be super scribed on the top of the envelope as "**Application for the 17TH Course of Pre-Hospital Trauma Assistant**". The last date for submission of application is 06.08.2026 up to 03:00 PM.

Procedure for Selection:

The candidates will be selected for admission to the training course as per the aggregate of 10+2 marks in Physics, Chemistry and Biology and their preferences of colleges filled in the application form.

Selection/Merit List:

Based on the selection criteria mentioned above, the merit list of the candidates will be put on the website of the college.

Letter of selection:

The selected candidates will be called for verification of original certificates. They will be given letter of selection and informed their college of training You are requested to visit website **www.vmmc-sjh.mohfw.gov.in** for application form and any other updates in this matter.

-sd-
Assistant Administrative Officer
Academic Section
For Director
Safdarjung Hospital & VMMC New Delhi

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029
निदेशक कार्यालय
Office of Director

Affix Photo

File No. E41198ACDM-22/1/2026-ACAD-VMMC **Dated:**

PRE-HOSPITAL TRAUMA ASSISTANT APPLICATION FORM

1. Name of Candidate : (In Block Letters)
2. Father's Name :
3. Address for Correspondence With Pincode :
4. E-mail Address :
5. Mobile no. :
6. Permanent Address :
7. Date of Birth :
8. Whether UR/EWS/OBC /SC/ST/ (give details):
9. Particulars of Qualification :

Examination Passed	**Subject**	**Name of Board/University**	**Year of Passing**	**Max. Marks**	**Marks Obtained**	**% age of Marks**
High School						
10+2 Exam						
Any other Exam						

10+2 – Physics, Chemistry & Biology percentage of marks ____

Choice of College: 1.

2.

3.

(Safdarjung Hospital, Dr. RML Hospital, LHMC)

Instruction –

1. **Attach Self attested copies of 10th, 12th and OBC, EWS, SC and ST class marks sheet with certificate.**
2. **The OBC & EWS Certificate should be issued on or after 01/04/2026 by Competent Authority of Concerned district in the format of GOI, DOPT, for admission in Central Government Institutions in format of Annexure I and Annexure II.**

SIGNATURE OF CANDIDATE

ANNEXURE - I

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

This is to certify that Shri/Smt./Kumari _____son/daughter of _____of village/town_____ in District/Division_____in the State/Union Territory _____ belongs to the _____community which is recognized as a backward class under the Government of India, Ministry of Social justice and Empowerment's Resolution No. _____dated

_____*. Shri/Smt./kumari _____and/or his/her family ordinarily reside(s) in the _____ District/Division of the

_____State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the schedule to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93 – Estt.(SCT) dated 8.9.1993**

District Magistrate

Deputy Commissioner etc.

Dated:

Seal

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* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: - The term "Ordinarily" used here will have the same meaning as in Section 20 of the

Representation of the People Act, 1950.

ANNEXURE - II

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date _____

VALID FOR THE YEAR 2026-27.

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street_____PostOffice_____District_____ in the State/ Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/ her 'family'** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year _____.

His/ her family does not own or possess any of the following assets ***:

I. 5 acres of agricultural land and above;

II. Residential flat of 1000 sq. ft. and above;

III Residential plot of 100 sq. yards and above in notified municipalities;

IV Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____belongs to the _____caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office_____
Name_____ Designation_____

Recent Passport size attested photograph of the applicant

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*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.
**Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.
The authorities competent to issue EWS Certificates are indicated below:
(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar and.
(iv) Sub-Divisional Officer of the area where the candidate and / or his/her family resides.

The date of issue of EWS certificate should be on or after 01.04.2026.

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Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029
निदेशक कार्यालय
Office of Director

फाईल सं.: **E41198ACDM-22/1/2026-ACAD-VMMC** दिनांकः 17.07.2026

प्रवेश सूचना

पूर्व-अस्पताल आघात सहायक के 17वें पाठ्यक्रम के लिए प्रशिक्षुओं का चयन में सफदरजंग अस्पताल और वीएमएमसी, नई दिल्ली, अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली और लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती एस.के. अस्पताल, नई दिल्ली

(सत्र 2026–27)

सफदरजंग अस्पताल, डॉ. आर.एम.एल. अस्पताल और एल.एच.एम.सी. एवं सहयुक्त अस्पतालों में एक अक्टूबर, 2026 से शुरू होने वाले पूर्व-अस्पताल आघात सहायक 17वें पाठ्यक्रम के चयन हेतु उम्मीदवारों से नीचे दिए गए प्रारूप में आवेदन-पत्र आमंत्रित किए जाते हैं । प्रशिक्षण की अवधि 9+3 माह होगी जिसके सफलतापूर्वक समापन पर, प्रशिक्षणार्थियों को स्वास्थ्य सेवा महानिदेशालय द्वारा प्रमाण-पत्र प्रदान किया जाएगा । ट्रेनिंग के दौरान छात्रों को विशेष एम्बुलेंस में तैनात किया जा सकता है।

सीटों की कुल संख्या = 90

वर्ग के आधार पर सीटों का आवंटन

सामान्य = 36
ई.डब्लयू.एस. = 09
ओ.बी.सी. = 24
एस.सी. = 14
एस.टी. = 07

उपर्युक्त सभी तीनों संस्थानों में प्रत्येक में **तीस (30)** उम्मीदवारों को दाखिला दिया जाएगा। उम्मीदवार जन्मतिथि, योग्यता और संवर्ग इत्यादि के समर्थन में प्रमाण-पत्रों की साक्ष्यांकित प्रतियों के साथ निधार्रित आवेदन प्रपत्र प्रस्तुत करें जिस पर पासपोर्ट आकार का फोटोग्राफ चिपका हो उसके बिना आवेदनपत्र रद्द कर दिए जाऐंगें।

पात्रता मानदंड:-

योग्यता: 10+2, भौतिक विज्ञान, रसायन विज्ञान एवं जीव विज्ञान के साथ विज्ञान विषय से तथा सामान्य वर्ग के उम्मीदवारों हेतु योगांक में कम से कम 55% अंक तथा आरक्षित वर्ग के उम्मीदवारों हेतु 50%।

आयु : 17 वर्ष से कम न हो तथा 25 वर्ष से अधिक न हो। आयु योग्यता इत्यादि के निर्धारण हेतु निर्दिष्ट तिथि (कट ऑफ डेट) एक अक्तूबर, 2026 होगी। हांलाकि, इस संबंध में सरकारी नियमों/अनुदेशों के अनुसार अनु.जा., अनु.ज.जा. हेतु 5 (पांच) वर्ष तथा अ.पि. वर्ग उम्मीदवारों हेतु 3 (तीन) वर्ष की आयु में छूट अनुमत्य होगी।

मासिक वृत्तिका (स्टायपंड)

प्रशिक्षण पाठ्क्रम में दाखिल चयनित उम्मीदवारों को **रू.1500/-** मासिक वृत्तिका देय होगी। हांलाकि, कोई छात्रावास प्रदान नहीं किया जाएगा।

आवेदन करने की प्रक्रिया:

1. वेबसाइट (www.vmmc-sjh.mohfw.gov.in) पर दिए गए ऑफलाइन आवेदन पत्र दस्तावेजों के साथ आवेदन इस संस्थान के डायरी और डिस्पैच अनुभाग (गेट नंबर 2 के पास और बैंक ऑफ बड़ौदा सफदरजंग अस्पताल शाखा के पास) में जमा किया जाना चाहिए। डाक द्वारा भेजा गया आवेदन लिफाफे के ऊपर प्रमुखता से लिखा होना चाहिए "**पूर्व-अस्पताल आघात सहायक के 17 वें पाठ्यक्रम** के लिए आवेदन।" आवेदन जमा करने की अंतिम तिथि 06.08.2026 अपराह्न 03:00 बजे तक है।

चयन की प्रक्रिया:

पात्र उम्मीदवारों का चयन सी.बी.एस.ई./किसी अन्य समकक्ष मान्यताप्राप्त बोर्ड की 10+2 परीक्षा में उनके द्वारा पीसीबी में प्राप्त कुल प्रतिशत अंकों के आधार पर किया जाएगा । यदि दो या अधिक उम्मीदवारों ने अंकों का समान योगांक प्रतिशत प्राप्त किया है तो ऐसे उम्मीदवारों का चयन निम्नलिखित आधार पर किया जाएगा:

1. जिन उम्मीदवारों के जीव-विज्ञान में अधिक अंक होंगें।
2. जिन उम्मीदवारों के भौतिक विज्ञान में अधिक अंक होंगें।
3. जो उम्मीदवार आयु में बड़ा होगा।

चयन/मैरिट सूची:

उपरोक्त चयन प्रक्रिया एवं उम्मीदवार द्वारा प्रपत्र में दी गई उनकी पसंद के कॉलेज के आधार पर चयन/मैरिट सूची इस अस्पताल की वेबसाइट पर प्रदिर्शित कर दी जाएगी।

चयन पत्र:

चयनित उम्मीदवारों को मूल प्रमाणपत्रों के सत्यापन के लिए बुलाया जाएगा। उन्हें चयन पत्र दिया जाएगा और उनके प्रशिक्षण कॉलेज को सूचित किया जाएगा।

आप से अनुरोध है कि आवेदन-पत्र एवं आगे किसी भी प्रकार की जानकारी के लिए नियमित रूप से हमारी वेबसाइट www.vmmc-sjh.mohfw.gov.in को देख सकते हैं।

यह सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।

-sd-

सहायक प्रशासनिक अधिकारी
शैक्षणिक अनुभाग
कृते निदेशक
सफ्दरजंग अस्पताल एवं वी.एम.एम.सी
नई दिल्ली

फोटो चिपकायें

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029
निदेशक कार्यालय
Office of Director

फाईल सं.: **E41198ACDM-22/1/2026-ACAD-VMMC** **दिनांक:**

पूर्व-अस्पताल आघात सहायक

आवेदन प्रपत्र

1. आवेदक का नाम :
2. पिता का नाम :
3. पिनकोड सहित पत्राचार का पता :
4. ई-मेल पता :
5. मोबाईल नम्बर :
6. स्थाई पता :
7. जन्म तिथि :
8. वर्ग का विवरण दें (Category): सामान्य ☐ ई.डब्ल्यू.एस ☐ ओ.बी.सी. ☐ एस.सी. ☐ एस.टी.
9. योग्यता का विवरण :

उत्तीर्ण परीक्षा	विषय	बोर्ड/विश्वविद्यालय का नाम	उत्तीर्णता का वर्ष	अधिकतम अंक	प्राप्तांक	अंकों का प्रतिशत
हाई स्कूल						
10+2 परीक्षा						
अन्य कोई परीक्षा						

10+2 – भौतिकी विज्ञान, रसायन विज्ञान और जीव विज्ञान अंकों का प्रतिशत .....

कॉलेज के विकल्प 1.

2.

3.

(सफदरजंग अस्पताल एवं वी.एम.एम.सी, डॉ. राम मनोहर लोहिया अस्पताल, लेडी हार्डिंग मैडिकल कॉलेज)

अनुदेश :

1. **स्व: अभिप्रमाणित 10 वीं और 12 वीं कक्षा के प्रमाण पत्र के साथ अंक तालिका की प्रतियां संलग्न करें।**
2. **केंद्र सरकार के संस्थानों में प्रवेश के लिए अनुलग्नक I और अनुलग्नक II के प्रारूप में भारत सरकार, डीओपीटी के प्रारूप में संबंधित जिले के सक्षम प्राधिकारी द्वारा ओबीसी और ईडब्ल्यूएस प्रमाणपत्र 01/04/2026 को या उसके बाद जारी किया जाना चाहिए।**

आवेदक के हस्ताक्षर

ANNEXURE - I

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

This is to certify that Shri/Smt./Kumari _____son/daughter of _____of village/town_____ in District/Division_____in the State/Union Territory _____ belongs to the _____community which is recognized as a backward class under the Government of India, Ministry of Social justice and Empowerment's Resolution No. _____dated

_____*. Shri/Smt./kumari _____and/or his/her family ordinarily reside(s) in the _____ District/Division of the

_____State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the schedule to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93 – Estt.(SCT) dated 8.9.1993**

District Magistrate

Deputy Commissioner etc.

Dated:

Seal

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* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note: - The term "Ordinarily" used here will have the same meaning as in Section 20 of the

Representation of the People Act, 1950.

ANNEXURE - II

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date _____

VALID FOR THE YEAR 2026-27.

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street_____PostOffice_____District_____ in the State/ Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/ her 'family'** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year _____.

His/ her family does not own or possess any of the following assets ***:

I. 5 acres of agricultural land and above;

II. Residential flat of 1000 sq. ft. and above;

III Residential plot of 100 sq. yards and above in notified municipalities;

IV Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____belongs to the _____caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office_____ Name_____
Designation_____

Recent Passport size attested photograph of the applicant

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*Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.
**Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.
The authorities competent to issue EWS Certificates are indicated below:
(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar and.
(iv) Sub-Divisional Officer of the area where the candidate and / or his/her family resides.

The date of issue of EWS certificate should be on or after 01.04.2026.