

**Office of the Principal, Autonomous State Medical College, Gonda, U.P.**

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**Website :** www.asmcgonda.org

asmcgonda@gmail.com

**Letter No.**ASMCGonda/2023/

**Date:** /03/2023

**—: Advertisement :—**

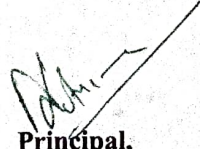
Applications are invited for Senior Resident and Junior Residents/Tutor at Autonomous State Medical College, Gonda, Uttar Pradesh. The tentative numbers of the posts are given below. Applications in prescribed format along two photographs (not older than 6 months) and demand draft of Rs. 500/- in favour of Principal, Autonomous State Medical College, Gonda, payable at Gonda, should reach the Office of the Principal, Autonomous State Medical College, Opposite Circuit House Pant Nagar, Gonda, U.P. Pin Code-271001 by registered/speed post only on or before 21-04-2023 latest by 05:00 PM.

**Senior Resident**

S. N.	Name of Specialty	Senior Resident	
		No.of Posts	Category
01	Orthopedics	01	SC
02	Ophthalmology	01	UR
03	Obstetrics and Gynecology	01	OBC
		01	UR
04	Emergency Medicine	01	SC
		01	UR
		01	OBC
		01	UR
		01	OBC
		01	EWS
05	Anesthesiology	01	SC
06	Oto-rhino-Laryngology	01	UR
07	General Medicine	01	OBC
		01	UR
		01	SC
08	General Surgery	01	UR
		01	OBC
		01	UR
09	Tuberculosis and Respiratory/Pulmonary Medicine	01	OBC
10	Dermatology, Venereology and Leprosy	01	EWS
11	Pediatrics	01	SC
12	Microbiology	01	UR
13	Radiodiagnosis	01	OBC
		01	UR
14	Psychiatry	01	SC
<b>Total</b>		<b>25</b>	

Note-

- 1- Qualifications as per latest NMC Norms.
- 2- Pay Scale as per UP Govt. rules.

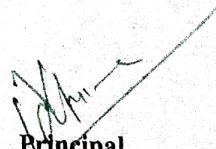
  
**Principal,**  
**Autonomous State Medical College,**  
**Gonda, U.P.**

**Junior Resident/Tutor**

S. N.	Name of Specialty	Junior Resident	
		No.of Posts	Category
01	Orthopedics	01	SC
02	Ophthalmology	01	UR
03	Obstetrics and Gynecology	01	OBC
		01	UR
		01	SC
		01	UR
04	Anatomy	01	OBC
		01	UR
		01	OBC
05	Anesthesiology	01	EWS
		01	SC
		01	UR
06	Oto-rhino-Laryngology	01	OBC
07	Community Medicine	01	UR
08	General Medicine	01	SC
		01	UR
		01	OBC
		01	UR
		01	OBC
		01	EWS
09	General Surgery	01	SC
		01	UR
		01	OBC
		01	UR
		01	SC
		01	UR
10	Tuberculosis and Respiratory/Pulmonary Medicine	01	OBC
11	Dermatology, Venereology and Leprosy	01	UR
12	Pediatrics	01	OBC
		01	EWS
13	Pathology	01	SC
14	Pharmacology	01	UR
15	Physiology	01	OBC
		01	UR
		01	SC
16	Forensic Medicine	01	UR
17	Biochemistry	01	OBC
		01	UR
		01	OBC
18	Microbiology	01	EWS
19	Psychiatry	01	SC
<b>Total</b>		<b>41</b>	

Note-

- 1- Qualifications as per latest NMC Norms.
- 2- Pay Scale as per UP Govt. rules.

  
**Principal,**  
**Autonomous State Medical College,**  
**Gonda, U.P.**



**AUTONOMOUS STATE MEDICAL COLLEGE, GONDA, U.P.**

**Application Format**

Advertisement Number and Date.....

Post.....(The Post for which the application is being made)

Note: - All information must be completed by the applicant.

Self Attested  
Photo

1- Name of Applicant.....

2- Male / Female.....

3- Father / Husband's Name (including Surname).....

4- Present Address of Residence (including PIN code).....

Name of the City..... Phone No.....

Mobile Number ..... Email ID.....

5- Permanent address.....

Name of the City..... Phone No.....

Mobile Number.....

6- Aadhar card number (if Any).....

7- Date of birth (enclose the mark sheet of high school examination).....

8- Age of applicant as on 01-07-2023..... Day..... Month..... Year.

9- Applicant's Marital Status- Married / Unmarried.....

10-Date of marriage.....

11-Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward Classes  
/EWS/Disabled.....

(Attach photocopy of certificate issued by competent authority for reserved category)

12-Registration Number and Name of the Medical Council and Date.....

a- MBBS-.....

b- MD/ MS-.....

c- MCH/ DM.....

d- Others

13-Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the Examination	Institution / Board / University	Year	Subject	Marks Obtained / Max Marks	MBBS Total Marks / percentage	effort (attempts)
1	MBBS						
2	MD/MS						
3	DM/MCH						
4	Others						

14-List of attached certificates as per checklist.....

15-Details of Demand Draft-

a- DD Number.....

b- Issue Date.....

c- Issuing Bank.....

Place.....

Date.....

Full name and Signature of the Applicant

**// Announcement //**

1. I certify that the above information given by me is complete and true. In the event of information being false, my application form / appointment letter can be cancelled.
2. I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in any jurisdiction.

**Place.....**

**Date.....**

**Full Name and Signature of the Applicant**

### Checklist

Name of applicant:.....

1. Demand Draft
2. Self-Attested Photograph
3. Aadhar Card & Pan Card
4. Category Certificate
5. DOB Certificate /High School Certificates
6. UG, PG Degree
7. UG,PG Registration

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**Place:**

**Signature of the applicant**

**Date:**