



कार्यालय: प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा।

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संख्या: 1619 / ए.एस.एम.सी. / फैकल्टी / वॉक-इन इन्टरव्यू / 2023,

दिनांक: 02 जनवरी, 2024

वॉक-इन इन्टरव्यू संविदा के आधार पर

चिकित्सा शिक्षकों के चयन/नियुक्ति के लिये वॉक-इन-इन्टरव्यू आयोजित किया जा रहा है। नियुक्ति पूर्णतय: संविदा के आधार पर 06 माह या नियमित संकायों के कार्यभार ग्रहण करने, जो भी पहले हो, तक के लिये की जायेगी। अधिक जानकारी के लिये चिकित्सा महाविद्यालय की वेबसाइट: www.asmcgonda.org पर देखें।

1. स्थान, दिनांक एवं समय निम्नवत् है।

क. स्थान: प्रधानाचार्य कार्यालय, स्वशासी राज्य चिकित्सा महाविद्यालय, सर्किट हाउस के सामने, पन्तनगर, गोण्डा, उ0प्र0, पिनकोड-271001

ख. दिनांक: प्रत्येक बुधवार एवं वृहस्पतिवार।

ग. समय: 11:00 बजे से।

क्र0सं0	विशिष्टता	आचार्य		सह आचार्य		सहायक आचार्य	
		पदों की संख्या	श्रेणी	पदों की संख्या	श्रेणी	पदों की संख्या	श्रेणी
01	आर्थोपेडिक्स	--	--	01	SC	--	--
02	आर्थेलमोलॉजी	--	--	--	--	01	SC
03	आब्स्टेट्रिक्स एण्ड गायनकोलॉजी	01	SC	01	UR	01	OBC
						01	UR
04	इमिनोहिमेटोलॉजी एण्ड ब्लड ट्रांसफ्यूजन (ब्लड बैंक)	--	--	--	--	01	UR
05	इमरजेन्सी मेडिसिन	01	UR	01	OBC	01	SC
06	एनाटॉमी	01	OBC	01	UR	01	OBC
07	एनेस्थीसियोलॉजी	01	UR	01	SC	01	OBC
08	कम्युनिटी मेडिसिन	--	--	--	--	01	SC
09	जनरल मेडिसिन	01	SC	01	UR	01	UR
				01	OBC		
10	जनरल सर्जरी	01	UR	01	UR	01	SC
				01	OBC	01	OBC
11	ट्यूबरकुलोसिस एण्ड रेस्पिरेटरी मेडिसिन / पल्मोनरी मेडिसिन	--	--	01	EWS	--	--
12	डर्मेटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी	--	--	01	SC	--	--
13	पीडियाट्रिक्स	--	--	01	OBC	--	--
14	फार्माकोलॉजी	--	--	01	SC	--	--
15	फिजियोलॉजी	01	OBC	01	UR	01	SC
						01	EWS
16	बायोकेमिस्ट्री	--	--	01	OBC	01	OBC
17	रेडियो-डायग्नोसिस	--	--	01	OBC	01	SC
18	साइक्रियाट्री	--	--	01	EWS	--	--
कुल		07		17		15	

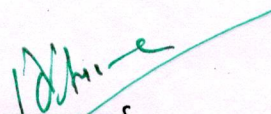
:Qualifications:-

Post	Academic Qualification	Teaching & Research Experience
Professor 8 year post PG Experience	MD/MS/DNB in the concerned subject	i. Associate Professor in the subject for three year in a permitted/recognized medical college/institution. ii. Should have at least four Research publications (at least two as Associate Professor) [only original paper, meta-analysis, systematic reviews, and case series that are published in journals indexed in Medline, PubMed, Central Science Citation Index, Science Citation Index, Expanded Embase, Scopus, Directory of Open Access Journals (DoAJ) will be considered]. iii. Should have completed the basic course in Medical Education Technology from Institutions designated by NMC. iv. Should have completed the Basic course in Biomedical Research from Institutions designated by NMC.
Associate Professor 5 years post PG Experience	MD/MS/DNB in the concerned subject	i. Assistant Professor in the subject for four year in a permitted/recognized medical college/institution. ii. Should have at least two Research publications [only original paper, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, PubMed, Central Science Citation Index, Science Citation Index, Expanded Embase, Scopus, Directory of Open Access Journals (DoAJ) will be considered]. iii. Should have completed the basic course in Medical Education Technology from Institutions designated by NMC. iv. Should have completed the Basic course in Biomedical Research from Institutions designated by NMC.
Assistant Professor	MD/MS/DNB in the concerned subject	One year as Senior Resident in the concerned subject in a recognized/ permitted/ medical college after acquiring MD/MS Degree.

Note:- All Qualifications and Experience subject to latest NMC notification.

- आयु:—उपर्युक्त पदों के लिये अभ्यर्थी की आयु कैलेंडर वर्ष की 01 जुलाई को न्यूनतम उम्र 26 से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिये।
- वेतन: संविदा के आधार पर
 - (क) आचार्य— रु0—1,35,000 /— नियत प्रतिमाह
 - (ख) सह आचार्य— रु0—1,20,000 /— नियत प्रतिमाह
 - (ग) सहायक आचार्य— रु0—90,000 /— नियत प्रतिमाह
- आवेदन शुल्क:—

रुपये 500 /— (रु पाँच सौ मात्र) को आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में “प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा.” के पक्ष में देय होगा।
- चयन प्रक्रिया में प्रतिभाग करने हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- पदों की संख्या घट या बढ़ सकती है।
- इच्छुक अभ्यर्थी आवेदन प्रपत्र कालेज की वेबसाइट www.asmcgonda.org से डाउनलोड कर सकते हैं।
- आरक्षण राज्य सरकार द्वारा जारी मौजूदा नियमों एवं शासनादेशों के अनुसार देय होगा।


 प्रधानाचार्य
 स्वशासी राज्य चिकित्सा महाविद्यालय
 गोण्डा
 स्वशासी राज्य चिकित्सा महाविद्यालय
 गोण्डा

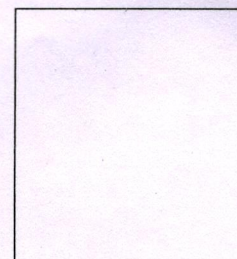
AUTONOMOUS STATE MEDICAL COLLEGE, GONDA

Application Format

Advertisement Number and Date.....

Post & Department..... (For Which the application is being made)

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



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 CityPhone No.....

Mobile NumberEmail ID.....

5. Permanent address.....

.....

Name of the CityPhone No.....

Mobile NumberEmail ID.....

6. Aadhar card Number

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

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

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

10. Date of marriage-.....

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

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

a- MBBS-.....

b- MD/MS-

c- MCH/DM.....

d- Others

13-Education Qualifications: (Enclose attested photo copies of certificates and marks sheet)

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- Educational experience :-

No.	Designation	From	TO	Duration	Name of the Institution
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	S.R./Tutor/Demonstrator				

(Attach experience certificates)

15-Research Publications:-

No.	Designation	Research Publications
1	Professor	
2	Associate Professor	
3	Asstt. Professor	
4	S.R./Tutor/Demonstrator	

(Attach Photo Copy with proof of indexing)

16-If candidates serving in Government/Quasi Government or Public Sector are advised to submit 'No Objection Certificate' from their employer at the time of interview. Failing which their candidature may not be considered.

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

18-Details of Demand Draft-

- a- DD Number
- b- Issue Date
- c- Issuing Bank.....

Place.....

Date.....

Full Name and Signature of the Applicant

//Announcenment//

1. 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 offence 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. CV with list of publications in Vancouver format | <input type="checkbox"/> |
| 2. Demand Draft | <input type="checkbox"/> |
| 3. Self-Attested Photograph | <input type="checkbox"/> |
| 4. Aadhar Card & Pan Card | <input type="checkbox"/> |
| 5. Category Certificate (should be of the current financial year for OBC&EWS Candidates. Category certificate issued by U.P Government Authorities only will be considered) | <input type="checkbox"/> |
| 6. DOB Certificate/High School Certificates | <input type="checkbox"/> |
| 7. UG, PG Degree | <input type="checkbox"/> |
| 8. UG, PG Registration | <input type="checkbox"/> |
| 9. Experience Certificates | <input type="checkbox"/> |
| 10. Research Publications (with proof of Indexing) | <input type="checkbox"/> |
| 11. NOC, if in Government Service | <input type="checkbox"/> |
| 12. Revised Basic Workshop in Medical Education Technology (for application to the Post of Associate Professor& Professor) | <input type="checkbox"/> |
| 13. Basic Course in Biomedical Research (BCBR) (for application to the Post of Associate Professor & Professor) | <input type="checkbox"/> |

Place :

Signature of the applicant

Date: