

कार्यालयः प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा।

E-mail: principalasmcgonda@gmail.com asmcgonda@gmail.com M.No. 8858004085

website: www.asmcgonda.org

पत्रांकः 1970 / ए.एस.एम.सी. / स्था० / विज्ञप्ति—3 / 2024,

दिनांकः 🕊 जनवरी, 2024

-:विज्ञप्ति:-

स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा के आचार्य, सह—आचार्य एवं सहायक आचार्य के नियमित पदों हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। रिक्त पदों का विवरण निम्नवत् है:--

| | | आचार्य | | सह आचार्य | | सहायक आचार्य | | |
|------------|---|---------|-----------|------------|--------|--------------|---------|--|
| 화 0 | विशिष्टता | पदों की | श्रेणी | पदों की | श्रेणी | पदों की | पदों की | |
| सं० | | संख्या | | संख्या | | संख्या | संख्या | |
| 01 | आर्थोपेडिक्स | | | 01 | SC | | | |
| 02 | आष्यलमोलॉजी | | | | | 01 | SC | |
| 03 | आब्सट्रेटिक्स एण्ड गायनीकोलॉजी | 01 | SC | 01 | UR | 01 | OBC | |
| 04 | इमिनोहिमैटोलोजी एण्ड ब्लड ट्रांसफ्यूजन (ब्लड बैंक) | | | | | 01 | UR | |
| 05 | इमरजेन्सी मेडिसिन | 01 | UR | 01 | OBC | 01 | SC | |
| 06 | एनाटामी | 01 | OBC | 01 | UR | 01 | OBC | |
| 07 | एनेस्थीसियोलॉजी | 01 | UR | 01 | SC | 01 | OBC | |
| 08 | ओटो–राइनो–लैंरिंगोलॉजी | | | | | 01 | EWS | |
| 09 | जनरल मेडिसिन | 01 | SC | 01 | UR | 01 | UR | |
| 09 | | 01 | | 01 | OBC | 01 | UR | |
| 10 | जनरल सर्जरी | 01 | UR | 01 | UR | 01 | SC | |
| | | J 01 | OK . | 01 | OBC | | | |
| 11 | डरमैटोलॉजी, वेनेरोलॉजी एवं लैपरोसी | - | | 01 | SC | | | |
| 12 | पीडियाट्रिक्स | | | 01 | OBC | | | |
| 13 | फार्माकोलॉजी | | | 01 | SC | | | |
| 14 | फिजियोलॉजी | 01 | ОВС | l <u>.</u> | | 01 | SC | |
| 17 | | 01 | OBC | | | 01 | EWS | |
| 15 | बायोकेमिस्ट्री | | Ç | 01 | OBC | 01 | OBC | |
| 16 | रेडियो—डायग्नोसिस | | | 01 | OBC | 01 | SC | |
| 17 | साइकियाट्री | | | 01 | EWS | | | |
| | Total | | 07 | | 15 | | 14 | |



Qualifications:-

| Academic | Teaching & Research Experience | | | |
|-------------------|---|--|--|--|
| Qualification | | | | |
| MD/MS/DNB in the | i. | Associate Professor in the subject for three year in a | | |
| concerned subject | | permitted/recognized medical college/institution. | | |
| | ii. | Should have at least four Research publications (at least | | |
| 1 | | 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]. Should have completed the basic course in Medical | | |
| | 111. | Education Technology from Institutions designated by | | |
| | | NMC. | | |
| | iv. | Should have completed the Basic course in Biomedical | | |
| | | Research from Institutions designated by NMC. | | |
| MD/MS/DNB in the | i. | Assistant Professor in the subject for four year in a | | |
| concerned subject | | 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]. | | |
| | 111. | Should have completed the basic course in Medical | | |
| | | Education Technology from Institutions designated by NMC. | | |
| | iv | Should have completed the Basic course in Biomedical | | |
| | IV. | Research from Institutions designated by NMC | | |
| MD/MS/DNR in the | One year as Senior Resident in the concerned subject in a recognized/ | | | |
| | [18] : [18] [18] [18] [18] [18] [18] [18] [18] | | | |
| | Qualification MD/MS/DNB in the concerned subject | Qualification MD/MS/DNB in the concerned subject i. iii. iv. MD/MS/DNB in the concerned subject ii. iii. iv. MD/MS/DNB in the One year as | | |

Note:- All qualifications subject to latest NMC notification.

Qualification for selection for Designated Assistant Professor

- A non-teaching Consultant or Specialist, possessing postgraduate medical degree, working for at least two years in the concerned specialty in a minimum 330 beded non-teaching Government Hospital shall be eligible to be designated as Assistant Professor and be absorbed permanently, if that Hospital is being converted into a Government Medical College for imparting undergraduate medical education. The subsequent promotions to higher teaching designations would be as per these regulations. Provided further that this would only be aone time provision and so absorbed teacher should not be transferred from that Institution for five years. The subsequent appointment of may faculty would be as per these regulations.
 - **Stand-alone Postgraduate medical institution:**Consultants or specialists having the required postgraduate degree and experience of working in the concerned specialty/superspecialty department for a period of not less than 2 years in the institution or hospital, not attached to any medical college, where postgraduate teaching is being imparted as per section 9.3 of the Postgraduate Medical Education Regulations, 2022, shall be eligible to be equated as an Assistant Professor in the department concerned. This has to be confirmed by the affiliating University. The subsequent promotions to higher teaching designations would be sa per these regulations.

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- 1. आयु:—उपर्युक्त पदों के लिये अभ्यर्थी की आयु कैलेण्डर वर्ष की 01 जुलाई को न्यूनतम उम्र 26 से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिये।
- 2. एम.एस.सी., पी.एच.डी. डिग्री धारक उम्मीदवार को आवेदन करने की आवश्यकता नहीं है।
- 3. वेतन:--
- (क) आचार्य-एकेडमिक लेवल-14 इन्ट्री पे रू0-1,44,200.00
- (ख) सह आचार्य-एकेडमिक लेवल-13ए1 इन्ट्री पे रू0-1,31,400.00
- (ग) सहायक आचार्य—एकेडिमक लेवल—11 इन्ट्री पे रू0—68,900.00 (राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य, सहा आचार्य, सहायक आचार्य, पदनामित सहायक आचार्य को पदत्त वेतन/भत्ते मान्ये होगें।)

4. आवदेन शुल्क:-

रूपये 500 / – (रू पाँच सौ मात्र) को आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में ''प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा.'' के पक्ष में देय होगा।

- 5. चयन प्रक्रिया में प्रतिभाग करने हेत् किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- 6. पदों की संख्या घट या बढ़ सकती है।
- 7. इच्छुक अभ्यर्थी निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुये आवेदन (आवेदन प्रपत्र कालेज की वेबसाइट www.asmcgonda.org एवं डी.जी.एम.ई. की वेबसाईट dgme.up.gov.in से भी डाउनलोड कर सकते है।) सभी प्रमाण—पत्रों के साथ दिनांकः 15.02.2024 सांय 05 बजे तक प्रधानाचार्य कार्यालय, स्वशासी राज्य चिकित्सा महाविद्यालय, सर्किट हाउस के सामने, पन्तनगर, गोण्डा, उत्तर प्रदेश, पिनकोड—271001 को लेवल स्पीड पोस्ट/रजिस्टर्ड डाक के माध्यम से उपलब्ध कराया जाना सुनिश्चित करें।
- 8. अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन पत्र स्वीकार नहीं किये जायेंगे।

9. आरक्षण राज्य सरकार द्वारा जारी मौजूदा नियमों एवं शासनादेशों के अनुसार देय होगा।

प्रधानांचार्य

स्वशासी राज्य चिकिह्मम् महाविद्यालय स्वशासी राज्योपिकीतीम महाविद्यालय

योग्रहा

AUTONOMOUS STATE MEDICAL COLLEGE, GONDA

Application Format

| | ment Number and Date |
|-------------|--|
| ost & De | partment (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 01-07-2023DayMonth |
| 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 | то | 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- Lis | t of attached certificates as per checklist |
|---------|---|
| 18-Det | tails 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 a | applicant: | |
|-----------|--|--|
| 1. | CV with list of publications in Vancouver format | |
| 2. | Demand Draft | |
| 3. | Self-Attested Photograph | |
| 4. | Aadhar Card & Pan Card | |
| 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) | |
| 6. | DOB Certificate/High School Certificates | |
| 7. | UG, PG Degree | |
| 8. | UG, PG Registration | |
| 9. | Experience Certificates | |
| 10 | . Research Publications (with proof of Indexing) | |
| 11 | . NOC, if in Government Service | |
| 12 | . Revised Basic Workshop in Medical Education Technology (for application to the Post of Associate Professor& Professor) | |
| 13 | . Basic Course in Biomedical Research (BCBR) (for application to the Post of Associate Professor & Professor) | |
| | | |
| | Place : Signature of the applicant | |
| | Date: | |