

## कार्यालयः प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय,

#### गोण्डा।

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/ए.एस.एम.सी. / फैकल्टी / वॉक—इन इन्टरव्यू / 2024,

दिनांकः ३५ फरवरी, 2024

वॉक-इन-इन्टरव्यू संविदा के आधार पर

चिकित्सा शिक्षकों के चयन / नियुक्ति के लिये वॉक-इन-इन्टरव्यू आयोजित किया जा रहा है। नियुक्ति पूर्णतयः 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 वेबसाइटः www.asmcgonda.org पर देंखें।

1. स्थान, दिनांक एवं समय निम्नवत् है।

क.स्थानः प्रधानाचार्य कार्यालय, स्वशासी राज्य चिकित्सा महाविद्यालय, सर्किट हाउस के सामने, पन्तनगर, गोण्डा, उ०प्र०, पिनकोड-271001

ख. दिनांकः प्रत्येक दिवस। ग. समयः 11:00 बजेसे।

क्र0सं0	विशिष्टता	आचार्य	सह आचार्य	सहायक आचार्य	
	HICOM	पदों की संख्या	पदों की संख्या	पदों की संख्या	
01	आर्थोपेडिक्स		01		
02	आप्थैलमोलॉजी			01	
03	आब्सटेट्रिक्स एण्ड गायनकोलॉजी	01	01	01	
04	इमिनोहिमैटोलॉजी एण्ड ब्लड ट्रांसफ्यूजन (ब्लड बैंक)			01	
05	इमरजेन्सी मेडिसिन	01	01	01	
06	एनाटॉमी	01	01	01	
07	एनेस्थीसियोलॉजी	01	01	01	
08	जनरल मेडिसिन	01	01	01	
08		01	01		
09	जनरल सर्जरी	01	01		
		01	01		
10	डर्मेटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी		01		
11	पीडियाट्रिक्स		01		
12	फार्माकोलॉजी		01		
13	फिजियोलॉजी	01		01	
13		01		01	
14	बायोकेमिस्ट्री		01	01	
15	रेडियो—डायग्नोसिस	<b></b>	01	01	
16	साइक्रियाट्री		01		
	कुल	07	15	11	



#### :Qualifications:-

Post	Academic Qualification		Teaching & Research Experience
Professor 8	MD/MS/DNB in the		Associate Professor in the subject for three year in a
year post PG	concerned subject		permitted/recognized medical college/institution.
Experience			hould have at least four Research publications (at least two
			s Associate Professor) [only original paper, meta-analysis,
			ystematic reviews, and case series that are published in
			ournals indexed in Medline, PubMed, Central Science
			Citation Index, Science Citation Index, Expanded Embase,
			copus, Directory of Open Access Journals (DoAJ) will be
			onsidered].
			hould have completed the basic course in Medical
			Education Technology from Institutions designated by NMC.
			hould have completed the Basic course in Biomedical desearch from Institutions designated by NMC.
Associate	MD/MS/DNB in the		assistant Professor in the subject for four year in a
Professor 5	concerned subject		permitted/recognized medical college/institution.
years post PG	concerned subject		hould have at least two Research publications [only
Experience			riginal paper, meta-analysis, systematic reviews, and case
•			eries that are published in journals included in Medline,
			by bMed, Central Science Citation Index, Science Citation
	•		ndex, Expanded Embase, Scopus, Directory of Open Access
			ournals (DoAJ) will be considered].
			hould have completed the basic course in Medical
			ducation Technology from Institutions designated by NMC.
			hould have completed the Basic course in Biomedical
			lesearch from Institutions designated by NMC
Assistant	MD/MS/DNB in the		enior Resident in the concerned subject in a recognized/
Professor	concerned subject	permitted/ me	edical college after acquiring MD/MS Degree.

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

- 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. वेतनः संविदा के आधारपर
- (क) आचार्य-रू०-1,35,000 / -नियत प्रतिमाह
- (ख) सह आचार्य-रू0-1,20,000 / -नियत प्रतिमाह
- (ग) सहायक आचार्य-रू०-90,000 / -नियत प्रतिमाह
- 3. 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।

- 4. चयन प्रक्रिया में प्रतिभाग करने हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- 5. पदों की संख्या घट या बढ़ सकतीहै।
- 6. इच्छुक अभ्यर्थी आवेदन प्रपत्र कालेज की वेबसाइट www.asmcgonda.org से डाउनलोड कर सकते है।
- 7. आरक्षण राज्य सरकार द्वारा जारी मौजूदा नियमों एवं शासनादेशों के अनुसार देय होगा।

प्रधानाचार्य स्वशासी राज्य चिकित्सार्यमहाविद्यालय स्वशासी राज्य चिकित्सार्यमहाविद्यालय

गाण्डा

# AUTONOMOUS STATE MEDICAL COLLEGE, GONDA Application Format

Auverusei	ment Number and Date
Post & Dep	partment (For Which the application is being made)
Note: - All i	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 Number Email ID.
5.	Permanent address
	Name of the CityPhone No
	Mobile Number Email 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- List of attached certificates as per ch	ecklist
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 a	pplicant:	
	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	