



कार्यालय: प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय,  
गोण्डा।

E-mail: principalasmcgonda@gmail.com  
asmcgonda@gmail.com  
Ph.No.05262229818

website: www.asmcgonda.org

संख्या: 423 / ए.एस.एम.सी. / जे.आर. / वॉक-इन इन्टरव्यू / 2026,

दिनांक 23 मई, 2026

वॉक-इन इन्टरव्यू  
जूनियर रेजीडेण्ट / ट्यूटर

जूनियर रेजीडेण्ट / ट्यूटर के पदों पर वॉक-इन इन्टरव्यू आयोजित किया जा रहा है।

1. स्थान, दिनांक एवं समय निम्नवत् है।

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

ख. दिनांक: 03 जून, 2026।

ग. समय: 11:00 बजे से।

2. योग्यता एवं अनुभव एन.एम.सी. के नवीनतम दिशा-निर्देशों के अनुसार।

3. वेतन उ0प्र0 सरकार के दिशा-निर्देशों के अनुसार।

इच्छुक अभ्यर्थी अपने मूल दस्तावेजों के एक सेट फोटोकापी और 02 पासपोर्ट साइज फोटो साथ लेकर आये।

शुल्क: रुपये 500/- (रु पाँच सौ मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में "प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा" के पक्ष में देय होगा।

  
प्रधानाचार्य  
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 City .....Phone No.....

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

5. Permanent address.....

.....  
.....  
Name of the City .....Phone 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 01-07-2025.....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	Asst. Professor				
4	S.R./Tutor/Demonstrator				

(Attach experience certificates)

15-Research Publications:-

No.	Designation	Research Publications
1	Professor	
2	Associate Professor	
3	Asst. 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:**