



**Office of The Principal, Autonomous State Medical College,
Gonda.**

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Letter No: **424** /ASMC/NPJR(H.A.)/Walk-In-Interview/2026-27,

Date: **23** May, 2026

WALK-IN-INTERVIEW
FOR POSTS OF Non PGJR (Hospital Administration)

Walk-in Interview will be conducted for the posts of Non PGJR(Hospital Administration).

1. Venue, Date & Time as given below.

- a. **Venue: Office of the Principal, Autonomous State Medical College, Opposite Circuit House, Chhavani Sarkar, Gonda, U.P.271001**
- b. **Date: 03 June, 2026.**
- c. **Time: 11:00 AM onwards**

2. No. of Vacancies:-01

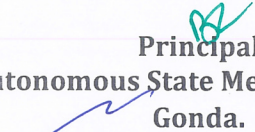
3. Qualifications:- MBBS/BDS with 02 years full time Degree/Master in Hospital administration.

4. Tenure of appointment-01 year, extendable every year, maximum upto 3 years, subject to satisfactory performance.

5. Pay scale: 7th Pay matrix level-10 (Rs. 56100-177500) and D.A. declared from time to time be admissible.

The interested candidates should bring original documents with one set of photocopies & two passport size photo.

6. **Demand Draft of Rs 500/- in favour of Principal, Autonomous State Medical College, Gonda.**

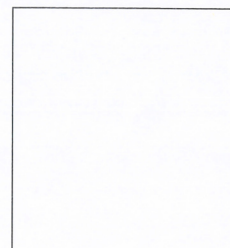

Principal
Autonomous State Medical College
Gonda.

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 01-07-2025.....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: