



कार्यालय: प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय,
गोण्डा।

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संख्या: 425 / ए.एस.एम.सी. / ई.सी.-1 / एस.आर. / वॉक-इन-इन्टरव्यू / 2026-27, दिनांक: 23 मई, 2026

वॉक-इन इन्टरव्यू

स्वशासी राज्य चिकित्सा महाविद्यालय, गोण्डा में सीनियर रेजीडेंट के रिक्त पदों पर चयन/नियुक्ति किये जाने हेतु आवेदन आमंत्रित किये जा रहे हैं। पदों का विवरण निम्नवत् है:-

| क्र.सं. | विशिष्टता | पदों की संख्या | श्रेणी |
|---------|------------------------------------|----------------|--------|
| 01 | एनाटॉमी | 01 | UR |
| 02 | | 01 | SC |
| 03 | बायोकेमिस्ट्री | 01 | UR |
| 04 | | 01 | SC |
| 05 | पैथालोजी | 01 | UR |
| 06 | | 01 | OBC |
| 07 | फॉरेंसिक मेडिसिन एण्ड टॉक्सिकोलॉजी | 01 | UR |
| 08 | | 01 | OBC |
| 09 | कम्युनिटी मेडिसिन | 01 | UR |
| 10 | जनरल मेडिसिन | 03 | UR |
| 11 | | 01 | OBC |
| 12 | पीडियाट्रिक्स | 01 | UR |
| 13 | | 01 | SC |
| 14 | डर्मेटोलॉजी | 01 | UR |
| 15 | जनरल सर्जरी | 02 | UR |
| 16 | | 01 | OBC |
| 17 | | 01 | SC |
| 18 | ओटो-राइनो लैरिंगोलॉजी | 01 | UR |
| 19 | आर्थेल्मोलॉजी | 01 | UR |
| 20 | आब्स एण्ड गायनी | 01 | UR |
| 21 | एनेस्थीसियोलॉजी | 01 | UR |
| 22 | | 01 | OBC |
| 23 | | 01 | SC |
| 24 | रेडियोडायग्नोसिस | 01 | UR |
| 25 | | 01 | SC |
| 26 | माइक्रोबायोलॉजी | 01 | UR |
| 27 | फिजियोलॉजी | 01 | OBC |

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: प्रत्येक सप्ताह के दिन बुधवार को।

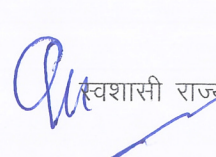
ग. समय: 11:00 बजे से।

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 फोटो कापी 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।

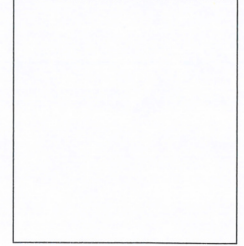
AUTONOMOUS STATE MEDICAL COLLEGE, GONDA

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 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: