# कार्यालय प्रधानाचार्य, स्वशासी राज्य चिकित्सा महाविद्यालय, औरैया उत्तर प्रदेश

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—: विज्ञप्ति :— स्वशासी राज्य चिकित्सा महाविद्यालय, औरैया के आचार्य, सह आचार्य एवं सहायक आचार्य के रिक्त पदों हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। पदों की संख्या निम्नवत है:-

			वार्य	सह आ	<u>चार्य</u>	सहायक आचार्य		
कं. सं.	विशिष्टता	पदो की संख्या	श्रेणी	पदो की संख्या	श्रेणी	पदो की संख्या	श्रेणी	
1	आर्थोपेडिक्स			01	SC			
2	आष्यलमोलॉजी					01	SC	
3	आब्सट्रेटिक्स एण्ड गायनकोलॉजी	01	SC	01	UR	01	UR OBC	
4	इमिनोहिमैटोलोजी एण्ड ब्लड ट्रांसफयूजन (ब्लड बैंक)					01	UR	
5	इमरजेन्सी मेडिसिन	01	UR	01	OBC	01	SC	
		0.1	ODC	0.1	LID	01	UR	
6	एनाटमी	01	0BC	01	UR	01	OBC	
7	एनेस्थीसियोलॉजी	01	LID	01	S.C.	01	UR	
/	एनस्थासियालाजा	01	UR	01	SC	01	OBC	
8	ओटो–राइनो–लैरिंगोलॉजी					01	EWS	
9	कम्युनिटी मेडिसिन					01	SC	
	जनरल मेडिसिन		SC	01	UR	01	UR	
10		01		01	OBC	01	OBC	
				01		01	UR	
			UR	01	UR	01	SC	
11	जनरल सर्जरी	01		01	OBC	01	UR	
				01	ОВС	01	OBC	
12	ट्यूबरकुलोसिस एण्ड रेस्पिरेटरी मेडिसिन / पल्मोनरी मेडिसन			01	EWS			
13	डर्मेटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी			01	SC			
14	डेन्टिस्ट्री			01	UR	01	UR	
15	पीडियाट्रिक्स			01	OBC			
16	पैथोलॉजी			01	UR	01	OBC	
17	फार्माकोलॉजी			01	SC			
18	फिजियोलॉजी	01	OBC	01	UR	01	EWS	
10		U1	ОВС	01	UK	01	SC	
19	फोरेन्सिक मेडिसिन					01	UR	
20	बायोकेमिस्ट्री	01	UR	01	OBC	01	OBC	
	^	01	OK		ОВС	01	UR	
21	माइकोबायोलॉजी			01	UR			
22	रेडियो–डायग्नोसिस			01	OBC	01	SC	
23	साइकियाट्री			01	EWS			
	योग :	0	8	20		2:	5	

#### -: Qualifications:-

Posts	Academic	Teaching & Research Experience
	Qualification	•
Professor	MD/MS/DNB in the	i. Associate Professor in the subject for three years in
8 year post	concerned subject.	permitted/recognized medical college/institution.
PG		ii. Should have at least four Research publications (at least
experience		two as Associate Professor) [only original papers, meta-
		analysis, systematic reviews, and case series that ar
		published in journals indexed in Medline, PubMed, Centra
		Science Citation Index, Science Citation Index, Expande
		Embase, Scopus, Directory of Open Access Journal
		(DoAJ) will be considered].
		iii. Should have completed the basic course in Medica
		Education Technology from Institutions designated b
		NMC.
		iv. Should have completed the Basic course in Biomedica
	) (D () (( (D) ) D ( ( ) (	Research from Institutions designated by NMC.
Associate	MD/MS/DNB in the	i. As Assistant Professor in the subject for four years in a
Professor	concerned subject.	Permitted /recognized medical college/ institution.
5 years post		ii. Should have at least two Research publications [onl
PG		original papers, meta-analysis, systematic reviews, an
experience		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].
		iii. Should have completed the basic course in Medica
		Education Technology from Institutions designated b
		NMC.
		iv. Should have completed the basic course in Biomedica
		Research from Institutions designated by NMC.
Assistant	MD/MS/DNB in the	One year as Senior Resident in the concerned subject in a recognized
Professor	concerned subject.	permitted medical college after acquiring MD/MS Degree.

Note: - All qualifications subjected to latest NMC notification.

#### Qualification for selection of 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 bedded 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 a one time provision and so absorbed teacher should not be transferred from that Institution for five years. The subsequent appointment of any 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 /super-specialty 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 as per these regulations.

- 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. वेतनमान:-
- **(क) आचार्य** एकेडमिक लेवल—14 इन्ट्री पे रू0—1,44,200.00
- (ख) सह आचार्य— एकेडमिक लेवल—13ए इन्ट्री पे रू0—1,31,400.00
- (ग) सहायक आचार्य— एकेडमिक लेवल—11 इन्ट्री पे रू0—68,900.00

(राज्य सरकार द्वारा राजकीय मेडिकल कालेज में आचार्य, सह आचार्य, सहायक आचार्य, पदनामित सहायक आचार्य को प्रदत्त वेतन / भत्ते मान्य होंगे।)

3. आवेदन शुल्क:--

रूपर्ये 500 / –(रू पाँच सौ मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में ''प्रधानाचार्य, स्वशासी राज्य चिकित्सा महाविद्यालय, औरैया'' के पक्ष में देय होगा।

- 4. चयन प्रकिया में प्रतिभाग करनें हेत् किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- 5. पदों की संख्या घट या बढ़ सकती है।
- 6. इच्छुक अभ्यर्थी निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुये आवेदन (आवेदन प्रपत्र कालेज की वेबसाइट www.asmcs.in एवं डी०जी०एम०ई० की वेबसाईट dgme.up.gov.in से भी डाउनलोड कर सकते हैं) सभी प्रमाण—पत्रों के साथ दिनॉक 28.4.2023 सायं 05 बजे तक प्रधानाचार्य कार्यालय, स्वशासी राज्य चिकित्सा महाविद्यालय, औरैया को केवल स्पीड पोस्ट / रिजस्टर्ड डाक के माध्यम से उपलब्ध कराया जाना सुनिश्चित करें।
- 7. अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन पत्र स्वीकार नहीं किये जायेंगे।
- 8. आरक्षण राज्य सरकार द्वारा जारी मौजूदा नियमों एवं शासनादेशों के अनुसार देय होगा।

प्रधानाचार्य स्वशासी राज्य चिकित्सा महाविद्यालय, औरैया

# **AUTONOMOUS STATE MEDICAL COLLEGE, AURAIYA**

# **Application Format**

Adver	tisement Number and Date	•••••
Post	(The Post for which the application	is being made)
1- 2-	- All information must be completed by the applicant.  Name of Applicant	Self Attested Photo
	Present Address of Residence (including PIN code)	
5-	Name of the City	
	Name of the City Phone No	
	Aadhar card number (if Any)	
	Date of birth (enclose the mark sheet of high school examination).	
	Age of applicant as on 01-07-2023 Day Month.	
9-	Applicant's Marital Status- Married / Unmarried	
11	-Date of marriageCategory: Unreserved / Scheduled Caste / Scheduled Tribes / Othe /EWS/Disabled  (Attach photocopy of certificate issued by competent authority for reser-Registration Number and Name of the Medical Council and Date  a- MBBS  b- MD/ MS  c- MCH/ DM  d- Others	er Backward Classes ved category)

13-Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

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	Asstt. Professor				
4	S.R. / Tutor / Demonstrator				

(Attach experience certificate)

### 15-Research Publications:-

No.	Designation	Research Publications
	Duefeese	
1	Professor	
2	Associate Professor	
3	Asstt. Professor	
4	S.R. / Tutor / Demonstrator	

(Attach Photo Copy)

16-	If	car	ndida	tes	sei	rving	in C	ov	ernn	nent/	Quas	i Gov	ernme	nt or	Pu	ıblic	Sect	or a	are a	advi	sed
	to	su	bmit	'No	) (	Objec	tion	Ce	ertifi	cate'	from	their	emplo	oyer	at	the	time	of	int	ervi	ew,
	fai	ilin	g wh	ich	the	eir ca	ndid	atu	ire m	ay n	ot be c	onsid	lered.								

17-List of attached certificates as per checklist.....

Place......

Date......

Full name and Signature of the Applicant

## // Announcement //

- 1. I 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 offense 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. Demand Draft	
2. Self-Attested Photograph	
3. Aadhar Card & Pan Card	
4. Category Certificate	
5. DOB Certificate /High School Certificates	
6. UG, PG Degree	
7. UG,PG Registration	
8. Experience Certificates	
9. Research Publications	
10. NOC if in Government Service	
Place:	Signature of the applicant
Date:	