

Office of the Principal, Autonomous State Medical College Society,

Firozabad, Uttar Pradesh

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Letter No: FZD/2018/248

Date: 26 December, 2018

Advertisement

Applications are invited on the prescribed format for the post of Designate Professors and Designate Associate Professor, Autonomous State Medical College Society, Firozabad. The tentative number of post is given below:-

S.No.	Name of Specialty	Designate Professor	Designate Associate Professor
1	Anatomy	1	1
2	Physiology	1	1
3	Biochemistry	1	1
4	Pharmacology	-	1
5	Pathology	-	1
6	Microbiology	-	1
7	Community Medicine	-	1
8	General Medicine	1	1
9	Paediatrics	-	1
10	General Surgery	1	1
11	Orthopedics	-	1
12	Obs. & Gynae.	1	1
13	Anesthesiology	-	1
14	Radiodiagnosis	-	1
15	Blood Bank	1	-

Qualification:-

1- Designate Professor:

"The requisite experience for equating a Consultant or Specialist after possessing postgraduate medical degree in the subject) working in the concerned specialty in the minimum 300 bedded State Government Hospitals as professor shall be more than 18 years with Four Research publication in indexed journal as 1st Author or corresponding author. Such consultant or Specialist after joining a medical college shall be called as "Designate Professor" and on completion of three years experience in the capacity of Designate Professor, such person shall be designated as "Professor" as per MCI norms."

2- Designate Associate Professor:

"The requisite experience for equating a Consultant or Specialist after possessing postgraduate medical degree in the subject) working in the concerned specialty in the minimum 300 bedded State Government Hospitals as associate professor shall be more than 10 years with Two Research publication in indexed journal as 1st Author or corresponding author. Such consultant or Specialist after joining a medical college shall be called as "Designate Associate Professor" and on completion of three years experience in the capacity of Designate Associate Professor, such person shall be designated as "Associate Professor" as per MCI norms."

3- Pay Scale:-

As prescribed by the State Government.

4- Application Fee:-

A demand draft of Rs. 500/- (Rs. Five Hundred only) Payable in favor of "Principal, Autonomous State Medical College Society, Firozabad" is application fee.

5- No TA/DA for attending the interview is payable.

6- Number of posts may increase or decrease.

7- Interested candidates are invited to send their application on prescribed format (downloadable from www.snmcagra.ac.in) along with certificates latest by 05:00 pm on 17 January, 2019 to the office of Principal, Government, Agra only by registered/speed post.

8- Application received after due date, time and incomplete in any form will not be considered.


Principal

Application Format

Advertisement Number and Date

Post (The Post for which the application is being made)

Note : All information must be completed by the applicant.

Self
Attested
Photo

- 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
- 6- Adhar card number (if any)
- 7- Date of birth (enclose the mark sheet of high school examination)
- 8- Age of applicant as on 01-07-2018 Day Month Year
- 9- Applicant's Marital Status - Married / Unmarried
- 10- Date of marriage
- 11- Category: Unreserved/Scheduled Caste/Scheduled Tribes/Other Backward Classes/Disabled
.....
(Attached photocopy of certificate issued by competent authority for reserved category)
- 12- Registration Number and Name of the Medical Council and Date
 - a. MBBS -
 - b. MD/MS -
 - c. MCH/DM -

13- Educational Qualifications : (Enclosed 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						

14- Educational experience :-

No.	Designation	From	To	Duration	Institution Name
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	SR/Tutor/Demonstrator				

(Attach experience certificate)

15- Research Publications :-

No.	Designation	Research Publications
1	Professor	
2	Associate Professor	
3	Asstt. Professor	
4	SR/Tutor/Demonstrator	

(Attach Photo Copy)

16- Application Fee : Demand Draft No. Dated
for Rs. in favor of "**Principal, Autonomous State Medical College Society, Firozabad**" is attached in original.

17- List of attached certificates

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 from/appointment letter can be canceled.
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