

**Office of the Principal, Autonomous State Medical College Society,**  
**Firozabad, Uttar Pradesh**

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Website: www.snmcagra.ac.in

Phone No: 0562- 2260353  
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Letter No: FZD/2018/247

Date: 26 December, 2018

**Advertisement for the post of Professor**

Applications are invited on the prescribed format for the post of Professors, Autonomous State Medical College Society, Firozabad on contractual basis. Professor who have completed their superannuation and have retired from other Government Medical College/Institutes/Universities, are eligible for re-employment vide Government Order No: 250/2018/4067/71-1-2017-G-63/2008, dated: 20 September, 2018. The tentative number of post is given below:-

S.No.	Name of Speciality	No. of posts
1	Anatomy	1
2	Physiology	1
3	Biochemistry	1
4	General Medicine	1
5	General Surgery	1
6	Obs. & Gynae.	1
7	Blood Bank	1

**The conditions for the Re-employment of the faculty on contractual basis are as follows:-**

- 1- These Professor Consultants would be appointed in contractual basis on monthly remuneration of Rs. 2,20,000/- vide Government Order No. 250/2018/4067/71-1-2017-G-63/2008, dated: 20 September, 2018.
- 2- The eligibility qualifications for such Professor would be as per the qualifications prescribed by **Medical Council of India, Minimum Qualification for Teachers in Medical Institutions Regulations, 1998.**
- 3- The above mentioned Government Order No. 250/2018/4067/71-1-2017-G-63/2008, dated: 20 September, 2018. is available on the Medical College **Website "www.snmcagra.ac.in"**.
- 4- No TA/DA for attending the interview is payable.
- 5- **Application Fees:-** A demand draft of Rs. 500/- (Rs. Five Hundred only) payable in favor of "**Principal, Autonomous State Medical College Society, Firozabad**" is mandatory as application fee.
- 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](http://www.snmcagra.ac.in)) along with certificates latest by 05:00 pm on 14 January, 2019 to the office of **Principal, S.N. Medical College, 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