

स्वशासी राज्य चिकित्सा महाविद्यालय

फिरोजाबाद, उत्तर प्रदेश-283203

संख्या- एफजैडडी/2019/1904

दिनांक-20 फरवरी, 2020

पुनः सेवायोजन विज्ञप्ति

स्वशासी राज्य चिकित्सा महाविद्यालय, फिरोजाबाद के आचार्य एवं सह-आचार्य के रिक्त पदों को भरे जाने हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। पदों की संख्या निम्नवत् है-

क्र.स.	विशिष्टता का नाम	आचार्य		सह-आचार्य	
		पदों की संख्या	वर्ग / श्रेणी	पदों की संख्या	वर्ग / श्रेणी
1	ऑर्थोपेडिक्स	1	अनु०जाति	-	-
	आब्स एण्ड गायनी				
2	ब्लड बैंक	1	सामान्य	-	-
3	एनेस्थेसिया	-	-	1	सामान्य
4	कम्युनिटी मेडिसिन	-	-	1	अन्य पिछड़ा वर्ग
5	जनरल मेडिसिन	-	-	1	सामान्य
6	जनरल सर्जरी	-	-	1	अन्य पिछड़ा वर्ग
	स्कैन एण्ड वीडो			1	आर्थिक रूप से कमजोर वर्ग
7	पीडियाट्रिक्स	1	अनु०जाति	-	-
8	पैथोलोजी	-	-	1	सामान्य
9	फार्माकोलॉजी	1	अन्य पिछड़ा वर्ग	-	-
10	माइक्रोबायोलॉजी	1	अन्य पिछड़ा वर्ग	-	-
11	रेडियो डायग्नोसिस	-	-	1	अनु०जाति
	कुल योग	05		07	

अर्हताएं एवं वेतनमान :-

- शैक्षणिक व अन्य अर्हतायें आचार्य- "As per MCI norms."
- वेतनमान :-
 - (क) आचार्य- एकेडमिक लेवल-14 प्रारम्भिक वेतन रु0 144200.00
 - (ख) सह-आचार्य-एकेडमिक लेवल-13ए प्रारम्भिक वेतन रु0 131400.00
 - (राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य एवं सह-आचार्य को प्रदत्त वेतन/भत्ते मान्य होंगे)
- उपर्युक्त पदों के लिए अभ्यर्थी की आयु इस कैलेंडर वर्ष की 01 जुलाई को न्यूनतम उम्र 26 वर्ष से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिये।
- आवेदन शुल्क- 500/- (पॉंच सौ रुपये मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में "Principal, Autonomous State Medical College Society, Firozabad" के पक्ष में देय होगा।
- चयन प्रक्रिया हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- पदों की संख्या घट या बढ़ सकती है।
- इच्छुक अभ्यर्थी निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुए आवेदन पत्र (आवेदन प्रपत्र www.gmcfirozabad.in से भी डाउनलोड किये जा सकते हैं) सभी प्रमाण-पत्रों के साथ दिनांक 02 मार्च, 2020 को सांय 05:00 बजे तक प्रधानाचार्य कार्यालय स्वशासी राज्य चिकित्सा महाविद्यालय, निकट जिला कारागार, जलेसर रोड फिरोजाबाद केवल स्पीड पोस्ट/रजिस्ट्रड डाक के माध्यम से प्रस्तुत कराये।
- अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन प्रपत्र स्वीकार नहीं किये जायेंगे।


प्रधानाचार्य

Application Form

Advertisement Number and Date
Post (The Post 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)

Self
Attested
Photo

Name of the City Phone No

Mobile No Email ID

5. Permanent Address

Name of the City Phone No

Mobile No Email ID

6. Adhar card number (if any)

7. Date of birth (enclose the mark sheet of high school examination)

8. Date Of Birth

9. Applicant's Marital Status:- Married / Unmarried

10. Date of Marriage

11. Category: Unreserved / Scheduled Caste/Scheduled Tribe / Other Backward Class / Disabled

(Attach photocopy of certificate issued by competent authority of reserved category)
Registration Number and Name of the Candidate

- 12.Registration Number and Name of the Medical Council and Date

- MBBS-
- MD/MS-
- MCh/DM-

13. Educational Qualification: (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						

14. Educational Experience :- if Applicable

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

(Attach experience certificate)

15. Research Publications:-

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

(Attach Photo Copy)

16. Application Fee: Demand Draft No Dated
for RS. in favour of "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 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

AUTONOMOUS STATE MEDICAL COLLEGE

Firozabad (U.P.)

Documents Check List

Kindly enclose copy of self attested documents with application form

S.No.	Particulars
1	Please bring Two Passport Size Photographs
3	Matriculation or equivalent certificate from a recognized Board of Education/University in support of your Birth as claimed by you in your application.
4	Mark sheets of all the passing Examinations.
5	Attempt certificate for MBBS Course by Competent authority.
6	Certificate of Degree- MBBS or equivalent as per MCI.
7	Registration Certificate of MBBS from Medical Council of India/State Medical Council.
8	Attempt certificate for MD/MS or Equivalent Course (as per MCI) by Competent Authority.
9	Certificate of Degree- MD/MS or Equivalent as per MCI.
10	Registration Certificate of MD/MS or Equivalent from Medical Council of India /State Medical Council.
11	Documentary evidence(s) supporting that the Degree concerned is from Institute(s) recognized by MCI .
12	Caste certificate if belonging to SC/ST/OBC category etc. from the competent authority in support of the category claim along with Domicile Certificate from the State of Uttar Pradesh not below the rank of DM. in case of to SC/ST/OBC category etc. (and in case of female candidates on behalf of father only). The caste certificate issued within six months should be submitted.
13	Post MS/MD teaching experience as Senior Resident/Faculty , mentioning the period of experience (Including Joining and relieving dates) from the competent authority/Employer.
14	Experience Certificate by the competent Authority for those candidates who had applied for the post of Designated Professor & Designated Associate Professor, as per norms of Medical Council of India (if applicable).
15	Original research document as per MCI requirement:-
	a. Number of Research Publications
	b. with supporting documentary evidence of Indexing
16	No Objection Certificate from the present employer for this interview.
17	Adhar card (if any).

NOTE - Kindly Stick Following Format on Application Envelope

ADVERTISEMENT No. - FZD/2019/1904 DATE:- 20-02-2020

APPLIED FOR THE POST OF :-

DEPARTMENT-

TO,

PRINCIPAL,
AUTONOMOUS STATE MEDICAL COLLEGE,
DOULATPUR, NEAR DISTRICT JAIL, JALESAR ROAD,
FIROZABAD. 283203

From-

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.....Pin.....

Mobile No.....