

AUTONOMOUS STATE MEDICAL COLLEGE

Firozabad, Uttar Pradesh-283203

Letter No: FZD/2020/1338

Date: 18 July, 2020

ADVERTISEMENT

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

| S.No. | Name of Specialty | Professor | Associate Professor |
|-------|--------------------|-----------|---------------------|
| 1 | Orthopedics | 01 | - |
| 2 | Blood Bank | 01 | - |
| 3 | Anesthesiology | 01 | - |
| 4 | Community Medicine | - | 01 |
| 5 | General Medicine | 01 | - |
| 6 | General Surgery | - | 02 |
| 7 | Pediatrics | - | 01 |
| 8 | Pathology | - | 01 |
| 9 | Pharmacology | 01 | - |
| 10 | Forensic Medicine | 01 | - |
| 11 | Microbiology | 01 | - |
| 12 | Radio diagnosis | 01 | 01 |
| Total | | 08 | 06 |

*Epidemiologist cum assistant professor


**Post of Professor in the department of Anesthesia advertised twice wide advertisement no. FZD/2020/824 Dt. 10-06-2020 & FZD/2020/1130 Dt. 04-07-2020

***Post of Associate Professor in the department of Surgery advertises twice wide advertisement no. FZD/2020/1904 Dt. 20-02-2020 & FZD/2020/2024 Dt. 11-03-2020

****Post of Assistant Professor in the department of Surgery advertised twice wide advertisement no. FZD/2020/1206 Dt. 02-12-2019 & FZD/2020/2024 Dt. 11-03-2020

QUALIFICATION :- As per MCI Norms on Last date of form submission.

- 1- **Pay Scale:-** Liabilities, Salary, Pension and Gratuity Etc. shall be paid as such, as being paid by parent department. Rest Rules & Regulations as per State Govt. issued from time to time.
- 2- A candidate for the post(s) in the service must have attained the minimum age of 26 years & must not have attained the maximum age 65 years on the first day of July of calendar.
- 3- **Application Fee:-** 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.
- 4- No TA/DA for attending the interview is payable.
- 5- Number of posts may increase or decrease.
- 6- Interested candidates are invited to send their application on prescribed format (downloadable from <https://www.asmcfirozabad.edu.in/>) along with all certificates latest by dated 04-08-2020 till 5.00PM to the office of **Principal, Autonomous State Medical College, Near District Jail, Jalesar Road, Firozabad-283203** only by registered/speed post.
- 7- In view of COVID-19 pandemic alternative arrangement (Virtual Interview) may be done for holding interview for the post after approval from the State Govt.
- 8- Application received after due date, time and incomplete in any form will not be considered.


Principal
Autonomous State Medical College,
Firozabad
स्वशासी राज्य चिकित्सा महाविद्यालय
फिरोजाबाद

स्वशासी राज्य चिकित्सा महाविद्यालय

फिरोजाबाद, उत्तर प्रदेश-283203

संख्या- एफजैडडी/2020/1338


दिनांक- 18 जुलाई, 2020

सेवायोजन विज्ञप्ति

स्वशासी राज्य चिकित्सा महाविद्यालय, फिरोजाबाद के पदनामित आचार्य एवं पदनामित के रूप में सह-आचार्य के रिक्त पदों को प्रतिनियुक्ति के आधार पर 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 |
|--------|-------------------|--------|-----------|
| 1 | ऑर्थोपेडिक्स | 01 | — |
| 2 | ब्लड बैंक | 01 | — |
| 3 | एनेस्थेसिया | 01 | — |
| 4 | कम्युनिटी मेडिसिन | — | 01 |
| 5 | जनरल मेडिसिन | 01 | — |
| 6 | जनरल सर्जरी | — | 02 |
| 7 | पीडियाट्रिक्स | — | 01 |
| 8 | पैथोलोजी | — | 01 |
| 9 | फार्माकोलॉजी | 01 | — |
| 10 | फोरेन्सिक मेडिसिन | 01 | — |
| 11 | माइक्रोबायोलॉजी | 01 | — |
| 12 | रेडियो डायग्नोसिस | 01 | 01 |
| | कुल योग | 08 | 06 |

1. **अर्हताएं** — आवेदन की अन्तिम तिथि तक एम0सी0आई0 के मानकों के अनुरूप होना अनिवार्य है।
2. **वेतनमान आदि**— मूल विभाग में प्राप्त देयतायें, वेतन, पेंशन एवं ग्रेच्युटी आदि यथावत देय होगी एवं शेष नियम व शर्तें उ0प्र0 सरकार द्वारा समय-समय पर प्रतिनियुक्ति हेतु जारी शासनादेशों के अधीन रहेगी।
3. **आवेदन शुल्क**— 500/- (पाँच सौ रुपये मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में "Principal, Autonomous State Medical College Society, Firozabad" के पक्ष में देय होगा।
4. चयन प्रक्रिया हेतु 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 हुए आवेदन पत्र (आवेदन प्रपत्र <https://www.asmcfirozabad.edu.in/> से भी डाउनलोड किये जा सकते हैं) सभी प्रमाण-पत्रों के साथ दिनांक 04 अगस्त, 2020 को सांय 05:00 बजे तक **प्रधानाचार्य कार्यालय स्वशासी राज्य चिकित्सा महाविद्यालय, निकट जिला कारागार, जलेसर रोड फिरोजाबाद-283203** केवल स्पीड पोस्ट/रजिस्ट्रड डाक के माध्यम से प्रस्तुत कराये।
7. शासन की अनुमति से कोविड-19 महामारी के दृष्टिगत साक्षात्कार की कार्यवाही हेतु वैकल्पिक व्यवस्था (आभासी साक्षात्कार) भी की जा सकती है।
8. अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन प्रपत्र स्वीकार नहीं किये जायेंगे।


प्रधानाचार्य
स्वशासी राज्य चिकित्सा महाविद्यालय,
फिरोजाबाद।
स्वशासी राज्य चिकित्सा महाविद्यालय
फिरोजाबाद

AUTONOMOUS STATE MEDICAL COLLEGE

Firozabad (U.P.)

Check List

| S.No. | Particulars | Page No. |
|-------|--|----------|
| 1 | Duly fill and signed Form With Demand Draft | |
| 2 | Please bring Two Passport Size Photographs | |
| 3 | Please bring Interview letter at the time of interview. | |
| 4 | Matriculation or equivalent certificate from a recognized Board of Education/University in support of your Birth as claimed by you in your application. | |
| 5 | Mark sheets of all the passing Examinations. | |
| 6 | Attempt certificate for MBBS Course by Competent authority. | |
| 7 | Certificate of Degree- MBBS or equivalent as per MCI. | |
| 8 | Registration Certificate of MBBS from Medical Council of India/State Medical Council. | |
| 9 | Attempt certificate for MD/MS or Equivalent Course (as per MCI) by Competent Authority. | |
| 10 | Certificate of Degree- MD/MS or Equivalent as per MCI. | |
| 11 | Registration Certificate of MD/MS or Equivalent from Medical Council of India /State Medical Council. | |
| 12 | Documentary evidence(s) supporting that the Degree concerned is from Institute(s) recognized by MCI. | |
| 13 | 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. | |
| 14 | Post MS/MD teaching experience as Senior Resident/Faculty, mentioning the period of experience (Including Joining and relieving dates) from the competent authority/Employer. | |
| 15 | 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). | |
| 16 | Original research document as per MCI requirement:- | |
| | a. Number of Research Publications | |
| | b. with supporting documentary evidence of Indexing | |
| 17 | No Objection Certificate from the present employer for this interview. | |
| 18 | Adhar card (if any). | |

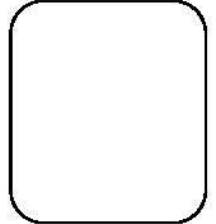
Authorized Signatory

Application Form

Advertisement Number FZD/2020/1338 Dated 18 July,2020 Post
.....(The Post for which the application is being made)

Note:- All information must be completed by the application.

1. Name of Application
2. Male/Female
3. Father/ Husband's Name(including Surname)
4. Present Address of Residence (Including PIN code)
.....
.....



Name of the CityPhone No

Mobile No Email ID

5. Present Address of Residence (Including PIN code)
.....
.....

Name of the CityPhone No

Mobile No Email ID

6. Aadhar 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)

12. Registration Number and Name of the Medical Council and Date
- a. MBBS-
- b. MD/MS-
- c. 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 "Principal Autonomous State Medical College
Firozabad" is attached in original.

17. List of attached certificates

Place

Date

Full Name and Signature of the Application

//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 deoimation nor is there any such case against me in any jurisdiction.

Place.....

Date

Full Name and Signature of the Applicant

NOTE –Kindly Stick Following Format on Application Envelope

ADVERTISEMENT No- FZD/2020/1338 Dated:- 18 July, 2020

APPLIED FOR THE POST OF :-.....DEPARTMENT.....

TO,

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

FROM:-

.....

.....

.....Pin.....

.....Mobile No.....