

AUTONOMOUS STATE MEDICAL COLLEGE

Firozabad, Uttar Pradesh-283203

Letter No: FZD/2020/1339

Date: 18 July, 2020

ADVERTISEMENT

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

S.No.	Name of Specialty	Professor		Associate Professor		Assistant Professor	
		No. of Post	Category	No. of Post	Category	No. of Post	Category
1	Orthopedics	01	SC	-	-	01	SC
2	Obs. & Gynae.	-	-	-	-	01	OBC
3	Blood Bank	01	Gen	-	-	-	-
4	Anesthesiology	01	Gen**	-	-	01	Gen
5	Community Medicine	-	-	01	OBC	01*	OBC
6	General Medicine	01	Gen	-	-	01	Gen
7	General Surgery	-	-	01	OBC	01	OBC
8	Skin & VD	-	-	01	Gen***	01	Gen****
9	Pediatrics	-	-	-	-	01	SC
10	Pathology	-	-	01	Gen	-	-
11	Pharmacology	-	-	01	SC	02	OBC
12	Forensic Medicine	01	OBC	-	-	01	SC
13	Microbiology	01	Gen	-	-	-	-
14	Radio diagnosis	01	OBC	-	-	-	-
	Radio diagnosis	01	SC	01	SC	01	OBC
	Total	08		06		12	

*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 advertised 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 the last date of form submission.

1- Pay Scale:-

1. Professor - Academic Level 14, Initial Pay Rs. 1,44,200.00
2. Associate Professor - Academic Level 13A, Initial Pay Rs. 1,31,400.00
3. Assistant Professor - Academic Level 11, Initial Pay Rs. 68,900.00

(The Pay/Allowance of the Professor, Associate Professor and Assistant Professor in State Medical College by the State Government will be permissible)

- 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 required 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
प्रधानाचार्य
स्वशासी राज्य चिकित्सा महाविद्यालय
फिरोजाबाद

स्वशासी राज्य चिकित्सा महाविद्यालय

फिरोजाबाद, उत्तर प्रदेश-283203

संख्या- एफजैडडी/2020/1339

दिनांक- 18 जुलाई, 2020

सेवायोजन विज्ञप्ति

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

क्र. सं.	विशिष्टता का नाम	आचार्य		सह-आचार्य		सहायक आचार्य	
		पदों की संख्या	वर्ग/श्रेणी	पदों की संख्या	वर्ग/श्रेणी	पदों की संख्या	वर्ग/श्रेणी
1	ऑर्थोपेडिक्स	01	अनुसूचित जाति	—	—	01	अनुसूचित जाति
2	आब्स एण्ड गायनी	—	—	—	—	01	अन्य पिछड़ा वर्ग
3	ब्लड बैंक	01	सामान्य	—	—	—	—
4	एनेस्थिसिया	01	सामान्य**	—	—	01	सामान्य
5	कम्युनिटी मेडिसिन	—	—	01	अन्य पिछड़ा वर्ग	01*	अन्य पिछड़ा वर्ग
6	जनरल मेडिसिन	01	सामान्य	—	—	01	सामान्य
7	जनरल सर्जरी	—	—	01 01	अन्य पिछड़ा वर्ग सामान्य***	01 01	अन्य पिछड़ा वर्ग सामान्य****
8	स्किन एण्ड वी.डी.	—	—	—	—	01	अनुसूचित जाति
9	पीडियाट्रिक्स	—	—	01	सामान्य	—	—
10	पैथोलोजी	—	—	01	अनुसूचित जाति	02	अन्य पिछड़ा वर्ग
11	फार्माकोलॉजी	01	अन्य पिछड़ा वर्ग	—	—	01	अनुसूचित जाति
12	फोरेन्सिक मेडिसिन	01	सामान्य	—	—	—	—
13	माइक्रोबायोलॉजी	01	अन्य पिछड़ा वर्ग	—	—	—	—
14	रेडियो डायग्नोसिस	01	अनुसूचित जाति	01	अनुसूचित जाति	01	अन्य पिछड़ा वर्ग
	कुल योग	08		06		12	

*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

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अर्हताएं – आवेदन की अन्तिम तिथि तक एम0सी0आई0 के मानकों के अनुरूप होना अनिवार्य है।

1. वेतनमान :-

(क) आचार्य- एकेडमिक लेवल-14 प्रारम्भिक वेतन रु0 144200.00

(ख) सह-आचार्य-एकेडमिक लेवल-13ए प्रारम्भिक वेतन रु0 131400.00

(ग) सहायक आचार्य-एकेडमिक लेवल-11 प्रारम्भिक वेतन रु0 68900.00

(राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य, सह-आचार्य एवं सहायक आचार्य को प्रदत्त वेतन/भत्ते मान्य होंगे)

2. 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।

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।

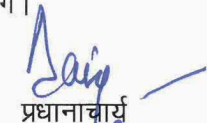
4. चयन प्रक्रिया हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।

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 आवश्यक 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 कर सकते हैं।

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

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).	

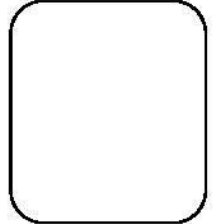
Authorized Signatory

Application Form

Advertisement Number FZD/2020/1339 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/2020/1339 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.....