

AUTONOMOUS STATE MEDICAL COLLEGE

Firozabad, Uttar Pradesh-283203

Letter No: FZD/2021/3018

Date: 23 Oct., 2021

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	Obs. & Gynae.	01	-
3	Blood Bank	01	-
4	Anesthesiology		01
5	Community Medicine	-	01
6	General Medicine	01	01
7	General Surgery	-	02
8	Pathology	-	01
9	Pharmacology	01	
10	Radio diagnosis	01	01
	Total	06	07

QUALIFICATION :- As per MCI/NMC 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 15-11-2021 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, उत्तर प्रदेश-283203

संख्या- एफजैडडी/2021/3018

दिनांक- 23 अक्टूबर, 2021

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	आब्स एण्ड गायनी	01	-
3	ब्लड बैंक	01	-
4	एनेस्थिसिया	-	01
5	कम्युनिटी मेडिसिन	-	01
6	जनरल मेडिसिन	01	01
7	जनरल सर्जरी	-	02
8	पैथोलोजी	-	01
9	फार्माकोलॉजी	01	-
10	रेडियो डायग्नोसिस	01	01
	कुल योग	06	07

1. **अर्हताएं** - आवेदन की अन्तिम तिथि तक एम0सी0आई0/एन0एम0सी0 के मानको के अनुरूप होना अनिवार्य है।
2. **वेतनमान आदि**- मूल विभाग में प्राप्त देयतायें, वेतन, पेंशन एवं ग्रैचुयटी 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 15 नवम्बर, 2021 को सांय 05:00 बजे तक **प्रधानाचार्य कार्यालय स्वशासी राज्य चिकित्सा महाविद्यालय, निकट जिला कारागार, जलेशर रोड फिरोजाबाद-283203** केवल स्पीड पोस्ट/रजिस्ट्रैड 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 जायेगे।

प्रधानाचार्य

स्वशासी राज्य चिकित्सा महाविद्यालय,
फिरोजाबाद।

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)
.....
.....
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. Age of applicant as on 01-7-2019 Day Month Year
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 :-

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.)

Advertisement

FZD/2021/3017

Date:- 23/10/2021

S.No.	Particulars	Yes/No
1	Please bring Two Passport Size Photographs	
2	Please bring Interview letter at the time of interview.	
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	Aadhar card (if any).	