

कार्यालय: प्रधानाचार्य, स्वशासी राज्य चिकित्सा महाविद्यालय अमेठी।

पत्रांक:- मे0का0अ0/विज्ञप्ति/2025/115

सेवायोजन विज्ञप्ति

स्वशासी राज्य चिकित्सा महाविद्यालय, अमेठी में नियमित आचार्य, सह-आचार्य एवं सहायक आचार्य के रिक्त पदों हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। पदों की अद्यतन संख्या (अतिरिक्त पदों को सम्मिलित करते हुए) निम्नवत् है-

| S. No. | Name of Specialization | Professor | | | | | Associate Professor | | | | | Assistant Professor | | | | |
|--------|--|-----------|-----|----|-----|----|---------------------|-----|----|-----|---------|---------------------|------|----|-----|----|
| | | UR | OBC | SC | EWS | ST | UR | OBC | SC | EWS | ST | UR | OBC | SC | EWS | ST |
| 1 | Orthopaedic Surgery | - | - | 1 | - | - | - | - | 1 | - | - | 1 | 1 | 1 | - | - |
| 2 | Ophthalmology | 1 | - | - | - | - | 1 | - | - | - | 1 | - | - | - | - | |
| 3 | Obs.&Gynae | - | 1 | - | - | - | 1 | 1 | - | - | 1+1# | 1+1∞ | 1 | - | - | |
| 4 | Immuno Haematology and Blood Transfusion | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | |
| 5 | Emergency Medicine | 1 | - | - | - | - | - | - | 1 | - | - | - | - | 1 | - | |
| 6 | Anatomy | - | - | 1 | - | - | 1 | - | - | - | 1 | 1 | - | - | - | |
| 7 | Anaesthesia | 1 | - | - | - | - | 1 | 1 | - | - | 3 | 2 | 1 | - | - | |
| 8 | ENT | - | 1 | - | - | - | - | 1 | - | - | - | - | - | 1 | - | |
| 9 | Community Medicine | 1 | - | - | - | - | - | - | 1 | 1 | 1+1*+1⊙ | 1 | 1+1⊙ | - | - | |
| 10 | General Medicine | - | 1 | - | - | - | 2 | 1 | - | - | 1 | 2 | 1 | 1 | - | |
| 11 | General Surgery | - | - | - | 1 | - | 1 | 1 | 1 | - | 3 | 1 | 1 | - | - | |
| 12 | Pulmonary Medicine | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | |
| 13 | Dermatology | - | - | 1 | - | - | - | 1 | - | - | - | 1 | - | - | - | |
| 14 | Dentistry | - | - | - | - | - | - | - | 1 | - | 1 | - | - | - | - | |
| 15 | Paediatrics | 1 | - | - | - | - | 1 | - | 1 | - | - | 1 | 1 | 1 | - | |
| 16 | Pathology | - | 1 | - | - | - | 1 | 1 | - | - | 2 | 1 | 1 | - | - | |
| 17 | Pharmacology | 1 | - | - | - | - | - | - | 1 | - | 1 | - | - | - | 1 | |
| 18 | Physiology | - | - | 1 | - | - | 1 | - | - | - | 1 | - | 1 | - | - | |
| 19 | Forensic Medicine | 1 | - | - | - | - | - | 1 | - | - | - | - | - | 1 | - | |
| 20 | Biochemistry | - | 1 | - | - | - | 1 | - | - | - | 1 | 1 | - | - | - | |
| 21 | Microbiology | 1 | - | - | - | - | - | 1 | - | - | 1 | - | 1 | - | - | |
| 22 | Radio Diagnosis | - | 1 | - | - | - | - | - | - | 1 | 1 | 2 | - | - | - | |
| 23 | Radio Therapy | - | - | - | - | - | - | - | - | - | 1β | - | - | - | - | |
| 24 | Psychiatric | - | - | - | 1 | - | - | - | 1 | - | - | - | 1 | - | - | |

One seat for Maternity Child Welfare officer cum lecturer.

∞ One seat for Antenatal Medical officer cum lecturer.

* One seat for Medical Officer of health cum lecturer.

⊙ One seat for Medical Officer of health cum lecturer.

⊙ One seat for Statistician cum Assistant Professor.

β One seat for Physicist.

1. अर्हताएं – As per latest NMC norms/Gazette.

| Posts | Academic Qualifications | Teaching and Research Experience |
|---|-------------------------------------|---|
| Professor 8 year post PG experience | MD/MS/DNB in the concerned subject. | <p>i. Associate Professor in the subject for three years in a permitted/ recognized medical college/ institution.</p> <p>ii. Should have at least four Research publications (at least two as Associate Professor) [only original papers, meta- analysis, systematic reviews, and case series that are published in journals indexed in Medline, PubMed, Central Science Citation Index, Science Citation Index, Expanded Embase, Scopus, Directory of Open Access Journals (DoAJ) will be considered].</p> <p>iii. Should have completed the basic course in Medical Education Technology from Institutions designated by NMC.</p> <p>iv. Should have completed the Basic course in Biomedical Research from Institutions designated by NMC.</p> |
| Associate Professor 5 years post PG experience | MD/MS/DNB in the concerned subject. | <p>i. As Assistant Professor in the subject for four years in a permitted /recognized medical college/ institution.</p> <p>ii. Should have at least <u>two</u> Research publications [only original papers, meta- analysis, systematic reviews, and case series that are published in journals included in Medline, PubMed, Central Science Citation Index, Science Citation Index, Expanded Embase, Scopus, Directory of Open Access Journals (DoAJ) will be considered].</p> <p>iii. Should have completed the basic course in Medical Education Technology from Institutions designated by NMC.</p> <p>iv. Should have completed the basic course in Biomedical Research from Institutions designated by NMC.</p> |
| Assistant Professor | MD/MS/DNB in the concerned subject. | One year as Senior Resident in the concerned subject in a recognized/ permitted medical college after acquiring MD/MS Degree. |

Note- Qualification for Non-Medical Candidates will be as per latest NMC norms/ Gazette.

2. वेतनमान:-

(क) आचार्य:- एकेडमिक लेवल-14 प्रारम्भिक वेतन रू0 144200.00

(ख) सह-आचार्य:- एकेडमिक लेवल-13ए प्रारम्भिक वेतन रू0 131400.00

(ग) सहायक आचार्य:- एकेडमिक लेवल-11 प्रारम्भिक वेतन रू0 68900.00 (राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य, सह-आचार्य एवं सहायक आचार्य को प्रदत्त वेतन/भत्ते मान्य होंगे)

- उपर्युक्त पदों के लिए अभ्यर्थी की आयु 01 जुलाई को न्यूनतम उम्र 26 वर्ष से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिए।
- आवेदन शुल्क:-** 500/- (पाँच सौ रुपये मात्र) का आवेदन शुल्क ड्राफ्ट के रूप में "Autonomous State Medical College, Amethi" के पक्ष में देय होगा।
- चयन प्रक्रिया हेतु इसी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- पदों की संख्या घट या बढ़ सकती है।

7. इच्छुक अभ्यर्थी निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुए आवेदन पत्र (आवेदन प्रपत्र www.asmcamethi.ac.in से भी डाउनलोड किये जा सकते हैं) सभी प्रमाण-पत्रों के साथ 10 फरवरी 2025 को सायं 05:00 बजे तक प्रधानाचार्य कार्यालय स्वशासी राज्य चिकित्सा महाविद्यालय, अमेठी में केवल स्पीड पोस्ट/रजिस्ट्रैड डाक के माध्यम से प्रस्तुत करायें।
8. अंतिम तिथि समय के पश्चात तथा अपूर्ण आवेदन प्रपत्र स्वीकार नहीं किये जायेंगे।
9. अभ्यर्थी के अनुभवन/अर्हता की गणना विज्ञापन में निर्धारित अंतिम तिथि तक होगी।
10. उत्तर प्रदेश सरकार की आरक्षण नीति के अनुसार आरक्षण देय होगा।



प्रधानाचार्य

Principal

स्वशासी राज्य चिकित्सा महाविद्यालय
अमेठी। Autonomous State
Medical College Amethi

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
Photograph

1. Name of Applicant-
2. Male/ Female-
3. Father/ Husband's Name (including Surname) -----
4. Present Address of Residence (including PIN code)-----
.....
.....
5. Name of the City-..... Phone No.....
Mobile No..... Email ID-
6. Permanent Address-
- Name of the City- ----- Phone No.....
Mobile No.
7. Aadhar card number (if any)-
8. Date of birth (enclose the mark sheet of high school examination)-
9. Age of applicant - Day.....Month.....year.....
10. Applicant's Marital Status- Married/ Unmarried-
11. Date of marriage-
12. Category: Unreserved/Scheduled Caste/ Scheduled Tribes/ Backward Classes/ EWS/Disabled
.....(Attach latest self attested photocopy
of certificate issued by competent authority for reserved category)
13. Registration Number and Name of the Medical Council and Date.....
 - a. MBBS-
 - b. MD/MS-
 - c. MCH/DM-

14. Educational Qualification:-

| No. | Name of the Examination (Please tick the Relevant degree) | Institution/ Board/ University | Year | Subjects | Marks Obtained/ Max Marks | Percentage of obtained Marks | No. of attempts |
|-----|--|--------------------------------------|------|----------|---------------------------------|------------------------------------|-----------------|
| 1 | (i). MBBS (ii). BDS (iii). MSc (Medical) | | | | | | |
| 2 | (i). MD/MS (ii). MDS (iii). PhD | | | | | | |
| 3 | DM/MCH | | | | | | |

(Enclose self attested photocopy of certificates and markssheets)

15. Educational experience:-

| No. | Designation | From | To | Duration | Institution Name |
|-----|------------------------|------|----|----------|------------------|
| 1 | Professor | | | | |
| 2 | Associate Professor | | | | |
| 3 | Assistant Professor | | | | |
| 4 | Senior Resident | | | | |
| 5 | Tutor/ Demonstrator | | | | |

(Attach self attested photocopy of experience certificate)

16. Research Publications:-

| No. | Designation | Research Publications |
|-----|----------------------------|--------------------------|
| 1 | Professor | |
| 2 | Associate Professor | |
| 3 | Assistant Professor | |
| 4 | S.R. / Tutor/ demonstrator | |

(Attach self attested photocopy of Research Publications with proof of Indexation as per latest NMC Norms)

17. Attach Self attested Photocopy of all required certificates regarding educational qualification as per latest NMC norms/Gazette.

18. Application Fee:- Demand Draft No.....Dated.....Bank Name for Rs-..... in favour of "Autonomous State Medical College, Amethi" Payable at Amethi is attached in original.

19. If candidate is serving in any Govt./Semi Govt./Autonomous bodies/Public Sector, is required to submit "No Objection Certificate" from the employer/Competent authority at the time of interview, failing which their candidature may be cancelled.

20. List of attached certificates:-

(i)-

(ii)-

(iii)-

(iv)-

(v)-

(vi)-

(vii)-

(viii)-

(ix)-

(x)-

(xi)-

(xii)-

(xiii)-

(xiv)-

(xv)-

Place-.....

Date-.....

Full name and Signature of the Applicant

- Application form with all the attachments should be send by speed post/registered post to Office of Principal, Autonomous State Medical College, Amethi, Tiloi. District- Amethi. Pincode- 229309.
- Application form should reach the Office of Principal, Autonomous State Medical College, Amethi on or before 05 P.M. dated 10.02.2025.

//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