## Office of the Principal, Autonomous State Medical College, Kaushambi, U.P.

Email..asmckaushambi22@gmail.com Letter No.ASMC Kaushambi/2024/ 1196

Website:www.asmckaushambi.in
Date 09.10.2024

#### -: Advertisement:-

Applications are invited on the prescribed format for the regular posts of Professors, Associate Professors and Assistant Professors of Autonomous State Medical College, Kaushambi, Uttar Pradesh. The tentative numbers of the posts are given below:

|          |                              | Professor      |          | Associate Professor |           | Assistant<br>Professor |           |
|----------|------------------------------|----------------|----------|---------------------|-----------|------------------------|-----------|
| S. N.    | Name of Specialty            | No.of<br>Posts | Category | No.of<br>Posts      | Category  | No.of<br>Posts         | Categor   |
| 1        | Orthopedics                  | 01             | SC       | 01                  | SC        | 01                     | SC        |
| 2        | Ophthalmology                | 01             | UR       | 01                  | SC        | -                      | -         |
| 3        | Obstetrics and Gynecology    | 01             | SC       | 01                  | UR        | -                      | -         |
|          | Costemes and Cynestings      | <b>V1</b>      |          |                     |           | - 01                   | -         |
| 4        | *Anatomy                     | 01             | OBC      | <b>.</b>            | -         | 01                     | UR<br>OBC |
|          | -                            | -              |          |                     | +         | 01                     | UR        |
| _        | A                            | 0.1            | UR       | 01                  | TID       | 01                     | OBC       |
| 5        | Anesthesiology               | 01             |          | 01                  | UR        | 01                     | OBC       |
|          |                              |                |          | 0.1                 | ODG       | 100 000                | OBC       |
| 6        | Oto-rhino-Laryngology        | 01             | OBC      | 01                  | OBC       | 01                     | SC        |
|          | Community Medicine           | 01             | UR       | 01                  | UR<br>SC  | 01                     | UR        |
|          |                              |                |          | 01                  |           |                        |           |
| 7        | RHTC                         | -              |          | -                   | -         | 01                     | SC        |
|          | UHTC                         | =              | -        |                     | =         | 01                     | UR        |
|          | Statistician                 | æ <b>=</b>     | -        | -                   | _         | 01                     | OBC       |
|          | General Medicine             | 01             | SC       | 01                  | UR        | 01                     | OBC       |
|          |                              |                |          | 01                  | UR<br>OBC | 01                     | UR        |
| 8        |                              |                |          |                     |           | 01                     | UR        |
|          |                              |                |          | 01                  |           |                        |           |
|          |                              |                |          |                     |           | 01                     | UR        |
|          | General Surgery              | 01             | UR       | 01                  | UR        | -                      | -         |
| 9        |                              |                |          | 01                  | OBC       | -                      |           |
|          |                              |                |          | 01                  | OBC       | -                      |           |
| 10       | Dermatology, Venereology and |                |          |                     |           |                        | 2         |
| 10       | Leprosy                      |                |          | 01                  | SC        |                        |           |
| 11       | Pediatrics                   | 01             | SC       | 01                  | OBC       | 01                     | OBC       |
|          | Pathology                    |                | UR .     | 01                  | UR        | 01                     | OBC       |
| 12       |                              | 01             |          |                     | -         | 01                     | EWS       |
|          |                              |                |          | -                   |           | 01                     | SC        |
| 10       | *Pharmacology                | 01             | OBC      | 01                  | SC        | 01                     | UR        |
| 13       |                              |                |          |                     |           | 01                     | OBC       |
| 1.4      | * DL: 1                      |                |          |                     |           | - 1                    | ОВС       |
| 14       | * Physiology                 | -              | =        | 01                  | UR        | 01                     | SC        |
| 15       | Forensic Medicine            | 01             | UR       | 01                  | OBC       | 01                     | UR        |
| 16       | *Biochemistry                | 01             | UR       | 01                  | OBC       | 01                     | OBC       |
| 10       | ,                            | 01             | UK       | 01                  | OBC       | -                      |           |
| 17       | *Microbiology                | 01             | OBC      | _                   | _         | 01                     | UR        |
| 10       |                              |                |          |                     |           | 01                     | SC        |
| 18<br>19 | Radiodiagnosis Psychiatry    | 01             | EWS      | 01                  | OBC       | 01                     | SC        |
| 17       | Psychiatry Total             |                |          | 01                  | EWS       |                        | 7         |

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#### -: Qualifications:-

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

Note: - All qualifications subjected to latest NMC notification.

### Qualification for selection of Designated Assistant Professor

- A non-teaching Consultant or Specialist, possessing postgraduate medical degree, working for at least two years in the concerned specialty in a minimum 330 bedded non-teaching Government Hospital shall be eligible to be designated as Assistant Professor and be absorbed permanently, if that Hospital is being converted into a Government Medical College for imparting undergraduate medical education. The subsequent promotions to higher teaching designations would be as per these regulations. Provided further that this would only be a one time provision and so absorbed teacher should not be transferred from that Institution for five years. The subsequent appointment of any faculty would be as per these regulations.
- Stand-alone Postgraduate medical institution: Consultants or specialists having the required postgraduate degree and experience of working in the concerned specialty /super-specialty department for a period of not less than 2 years in the institution or hospital, not attached to any medical college, where postgraduate teaching is being imparted as per section 9.3 of the Postgraduate Medical Education Regulations, 2022, shall be eligible to be equated as an Assistant Professor in the department concerned. This has to be confirmed by the affiliating University. The subsequent promotions to higher teaching designations would be as per these regulations.

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<sup>\*</sup>This Department already have MSc PhD faculty as per NMC rules hence MSc PhD Candidates need not Apply.

- 1) Age: The candidate must have a minimum age of 26 years & a maximum of 65 years on the first day of July in that calendar year for the above mention posts.
- 2) Pay-Scale:
- i) Professor Academic Level 14, Initial Pay Rs. 1,44,200.00/-
- ii) Associate Professor: Academic Level 13A, Initial Pay Rs. 1,31,400.00/-
- iii) Assistant Professor: Academic Level 11, Initial Pay Rs. 68,900.00/-

The Pay/Allowances of the Professor, Associate Professor and Assistant Professor and designated Assistant Professor would be admissible as per State Government rules.

- 3) Application Fee: DD of Rs.500/- (Rs. Five Hundred only) payable in favour of "Principal, Autonomous State Medical College, Kaushambi U.P."
- 4) No TA/DA is payable for attending the interview.
- 5) Number of posts may increase or decrease.
- 6) Advertisement full details and application form can be downloaded from college website <a href="https://www.asmckaushambi.in">www.asmckaushambi.in</a> and from DGME Website dgme.up.gov.in complete Application form should reach to the Office of Principal, Autonomous State Medical College Kadipur Manjhanpur Kaushambi, U.P. 212207 only through speed post/Registered post latest date 08.11.2024 by 05:00 PM.
- 7) In complete Application form and form reach after specified date and time will not be accepted.
- 8) Reservation policy would be admissible as per the current rules and Government orders of GovtOf U.P.

H.k. Lugh Principal,

Autonomous State Medical College, Kaushambi, U.P."

# AUTONOMOUS STATE MEDICAL COLLEGE, Kaushambi

### **Application Form**

| Advertisement Number and Date   | •••••         |
|---|---------------|
| Post(The Post for which the application is bei  | ng made)      |
| Department  |               |
| Note: - All information must be completed by the applicant.   | Self Attested |
| 1- Name of Applicant.( Block Letter)  | Photo         |
| 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 Number Email ID  |               |
| 5- Permanent address  | •••••         |
|   |               |
| Name of the City Phone No   | •••           |
| Mobile Number.  | •             |
| 6- Aadhar card number (if Any)  | ••••          |
| 7- Date of birth (enclose the mark sheet of high school examination)                                      |               |
| 8- Age of applicant as on 01-07-2024 Day Month  | ear.          |
| 9- Applicant's Marital Status- Married / Unmarried  |               |
| 10- Category Applied for- Unreserved / Scheduled Caste / Scheduled Tribes / Backward Classes/EWS/Disabled |               |
| (Attach photocopy of certificate issued by competent authority for reserved category                      | y)            |
| 11- Registration Number and Name of the Medical Council and Date  |               |
| a- MBBS   |               |
| b- MD/ MS/MDS<br>c- MCH/ DM   |               |
| d- Others   | •••••         |

| No.              | Name of the Examination                               | Institution / Board / University | Year      | Subject | Obta   | Marks Obtained / Max Marks              |          | MBBS Total Marks / percentage |  |
|------------------|---|----------------------------------|-----------|---------|--------|---|----------|-------------------------------|--|
| 1                | MBBS  | •                                | 7         |         |        |   |          |                               |  |
| 2                | MD/MS/MDS   |                                  |           | 4       |        |   |          |                               | The second secon |
| 3                | DM/MCH  |                                  |           |         |        | 4                                       |          |                               |  |
| 4                | Others  |                                  |           |         |        |   |          |                               | W. 1919  |
| 13<br><b>No.</b> | 3-Teaching expe                                       | rience:-                         | F         | rom     | То     | Dur                                     | ation    | N                             | ame of   |
| 110.             | Desig   | nation                           |           |         | 10     | Dui                                     | ation    |                               | ame or<br>nstitutio  |
| 1                | Professor   | 190                              |           |         |        |   |          |                               | and the second   |
| 2                | Associate Prof  | essor                            |           |         |        |   |          |                               |  |
| 3                | Asstt. Professo                                       | r                                |           |         |        |   |          |                               |  |
| 4                | S.R. / Tutor / D                                      | Demonstrator                     |           | 5       |        |   |          |                               |  |
|                  | -Research Publi                                       |                                  | *         |         | D      | T                                       | 11'      | 4.                            |  |
| No.              | Desi  | gnation                          |           |         | Reso   | earcn F                                 | Publicat | tions                         |  |
| 1                | Professor   |                                  |           |         |        |   |          | s                             |  |
|                  | Associate Profe                                       |                                  |           |         |        |   |          | (=                            |  |
| -                | Asstt. Professor                                      |                                  |           |         |        |   |          |                               |  |
| 4                | S.R. / Tutor / De                                     |                                  |           | 71.0 y  |        | w Sans - ner                            |          |                               |  |
| 1.5              | (Attach Photo Co                                      |                                  | • C       |         |        |   |          |                               |  |
|                  | Present Employ  |                                  | . •       |         |        |   |          |                               |  |
|                  | Address of Prese                                      |                                  |           |         |        |   |          |                               |  |
| 17-              | Demands Draft   | Details. No.                     |           | Date    | e      | • | .Amoun   | t                             | •••••  |
|                  | Bank Name   |                                  | ••        |         |        |   |          |                               |  |
|                  | If candidates se<br>to submit 'No<br>failing which th | Objection Cer                    | tificate' | from th | eir em | ployer                                  |          |                               |  |
| 19-              | List of attached                                      | certificates as                  | per che   | cklist  |        |   | •••••    | ••••••                        | •••••  |
|                  |   |                                  |           |         |        |   |          |                               | 9  |
| lace             | *******************************                       |                                  |           |         |        |   |          |                               |  |
| act              | •••••   | •••••                            |           |         |        |   |          |                               |  |

### // 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.

| Date  |   | Full Name and Signature of the Applicant |
|-------|---|--|
| Place | , |  |

# **Checklist**

| Name of applicant: | ••••••                                    |                       |                   |     |
|--------------------|---|-----------------------|-------------------|-----|
| 1. Demand Dr       | raft                                      |                       |                   |     |
| 2. Self-Atteste    | ed Photograph                             |                       |                   |     |
| 3. Aadhar Car      | d & Pan Card                              | •                     |                   |     |
| 4. Category C      | ertificate                                |                       |                   |     |
| 5. DOB Certif      | icate /High School Certificat             | tes                   |                   |     |
| 6. UG, PG De       | gree                                      |                       |                   |     |
| 7. UG,PG Reg       | gistration                                |                       |                   |     |
| 8. Experience      | Certificates                              |                       |                   |     |
| 9. List of Rese    | earch Publications                        |                       |                   |     |
| ( Attach Separa    | te List of Publications with In           | ndexing)              |                   |     |
| 10. NOC if in C    | Government Service / Quasi S              | ervice                |                   | TP. |
|                    | of BCBR (Mandatory for Assovel Applicant) | sociate Professor and |                   |     |
|                    | of MET ( Mandatory for Assovel Applicant) | ociate Professor and  |                   |     |
|                    |   |                       |                   |     |
|                    |   |                       |                   |     |
|                    |   |                       |                   |     |
| Place:             |   | Signatu               | re of the applica | nt  |
| Date:              |   |                       |                   |     |