



(An Autonomous Institute under Government of U.P.)

Reference No. :ASMC/Estb- Recruit./2021-22/4168

Date: 12 November 2021

Faculty Recruitment

In continuation with previous advertisement No. : ASMC/Estb- Recruit./2021-22/3410 Dated: 04 September 2021 applications are invited on the prescribed format available at website www.smcshah.in for Regular posts of Professor, Associate Professor and Assistant Professor at Autonomous State Medical College, Shahjahanpur. The tentative numbers of posts are given below:-

Sr. No.	Name of Specialty	Professor				Associate Professor				Assistant Professor			
		Gen	OBC	SC	EWS	Gen	OBC	SC	EWS	Gen	OBC	SC	EWS
1	Orthopedics			1				1					
2	Obs & Gynae	1				1						1	
3	Blood Bank		1							1			
4	Anesthesiology	1				1	1						
5	Community Medicine			1									
6	General Medicine	1							1		2		1
7	General Surgery			1		1				1		1	
8	Pediatrics		1					1					
9	Skin & VD									1			
10	TB & Chest										1		
11	Pharmacology		1										
12	Biochemistry	1*											
13	Radio diagnosis		1			1							1

* Only for Medical Candidates (MD Degree)

For details regarding Qualification, Pay Scale Application Fee, Eligibility etc please refer to college website-www.smcshah.in

Note:- Those who have already applied against advertisement Reference No. : ASMC/Estb- Recruit./2021-22/3410 Dated: 04 September 2021 need not apply again.

- 1- Qualification/ Experience for the posts of faculty will be as per latest NMC norms.
- 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- 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 and Associate Professor in State Medical College by the State Government will be permissible)

4- Application Fee:-

A demand draft of Rs. 500/- (Rs. Five Hundred Only) in favor of "Principal, Autonomous State Medical College, Shahjahanpur" payable at Shahjahanpur is mandatory as application fee. Alternatively application fee of Rs 500/- may be deposited online in State Bank Of India (Branch Code - 04000), Chowk, Shahjahanpur, U.P. Account No. 38591214836, IFSC - SBIN0004000, proof of which has to be attached along with the application form. A candidate has to present proof of payment of application fee at the time of interview, failing which he/she will not be allowed to appear for the interview.

- 5- No TA/DA for attending the interview is payable.
- 6- Number of posts may increase or decrease.
- 7- Interested candidates are invited to send their application on prescribed format (downloadable from smcshah.in) along with certificates latest by **27 November, 2021** to the office of Principal, Autonomous State Medical College, Piprola, Kanth Road, Shahjahanpur - 242001, U.P. only by registered/speed post/ E Mail. Candidates may send their application as per format (with relevant certificates) as scanned copy at E-Mail principalsmcshah@gmail.com The candidate should bring a hard copy of application along with relevant certificates at the time of interview.
- 8- Ex-Service persons / DNB qualified candidates may also apply as per NMC norms.
- 9- It will be mandatory for the candidate working in any institute to submit the No Objection Certificate of the concerned institute for the application.
- 10- Application received after due date, time and incomplete in any form will not be considered.

Principal प्रधानाचार्य
Autonomous State Medical College
शहशासी राज्य चिकित्सा महाविद्यालय,
शाहजहाँपुर-242 001 (उ०प्र०)

Office of the Principal, Autonomous State Medical College
Piprola, Shahjahanpur, Uttar Pradesh, Pin-242001

Email: principalsmcshah@gmail.com

Website: www.smeshah.in

Application Format

Advertisement Number and Date:

Post Applied Department.....

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

Self Attested
Photo

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 Number Email. ID
5. Permanent Address
.....
Name of the City Phone No.
Mobile Number Email. ID
6. Aadhar Card number
7. Date of Birth (enclose the mark sheet of high school examination)
8. Age of applicant as on 01-07-2020 Day Month Year.
9. Applicant's Marital Status- Married/Unmarried
10. Date of marriage
11. Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward Classes
/ Disabled
(Attach photocopy of certificate issued by competent authority for 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	Number of attempt (s)
1	MBBS						
2	MD/MS						
3	MD/MCH						

14. Educational Experience:-

No.	Designation	From	To	Duration	Institution Name	Recognized by MCI
1	Professor					
2	Associate Professor					
3	Assistant Professor					
4	S.R./Tutor/Demonstrator					

(Attach experience certificate)

15. Research Publications:-

No.	Designation	Number	Research Publications as per Vancouver reference style
1	Professor		
2	Associate Professor		
3	Assistant Professor		
4	S.R./Tutor/Demonstrator		

(Attach Photo Copy, only 1st Page & Maximum 10 Pages)

16. Application Fee Demand Draft No. Dated Bank Name for Rs. 500/- in favor of Principal, Autonomous State Medical College, Shahjahanpur. Payable at Shahjahanpur-242001 is attached in original.

17. List of attached certificates

// 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

Signature of the Applicant

.....

Full Name