

**Office of the Director General, Medical Education and Training, Uttar Pradesh
6th Floor, Jawahar Bhawan, Ashok Marg, Lucknow (UP) -226001.**

Email:- dgmededu@gmail.com

website: www.dgme.up.gov.in

Phone: 0522-2287653

Fax: 0522- 2288193

No:-ME-2/2022/ 959

Lucknow: Dated: 2 May, 2022

Advertisement For the Post of Principal

Applications are invited on prescribed format from Indian Nationals for the post of Principal (one post) for each Autonomous State Medical College, *Ayodhya, Shahjahanpur, Mirzapur, Basti and Etah* having the following educational qualifications and experience -

- 1- **Age:-** The candidate must have attained the minimum age of 50 years and maximum age of 62 years on the 01st July, 2022.
- 2- He shall be a person of eminent medical and administrative experience.
- 3- **Educational Qualifications:-**

"He shall possess the recognized postgraduate medical qualification and other academic qualifications from a recognized institution with a minimum of ten years' teaching experience as Professor/Associate Professor/Reader in a medical College/Institutes, out of which at least five years should be as Professor in a department.

Preference for this appointment will be given to the Head of the Department of medical college/ Institute."

4- Pay Scale: -

For the post of Principal the scale of pay would be Academic Level -14, Entry pay- Rs. 1,44,200/- which has been fixed for principal of Government Medical Colleges as pay and allowances etc by The State Government.

5- Application Fee:-

A demand draft of Rs. 1000/- (Rs. One thousand only) payable in favour of "**Director General Medical Education and Training, U.P. Lucknow**" payable at Lucknow is mandatory as application fee.

- 6- If applying for more than one place candidate should send seprate application for each Autonomous State Medical College with requisite document & Bank Demand Draft.

Interested Candidates are invited to send their application on prescribed format (downloadable from www.dgme.up.gov.in) along with certificates **latest by 05:00 pm on 03-06-2022**, to the Office of Director General, Medical Education and Training, U.P. Lucknow by **registered /speed post** only.

Applications received after due date and time and incomplete applications would not be taken into consideration.


Director General

कार्यालय महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, जवाहर भवन, छठां तल,
अशोक मार्ग, लखनऊ-226001

ई-मेल:- dgmededu@gmail.com

वेबसाइट:- www.dgme.up.gov.in

संख्या एम०ई०-२/२०२२/१५९

फोन :- 0522-2287653

फैक्स :- 0522- 2288193

लखनऊ : दिनांक २ मई, 2022

प्रधानाचार्य पद के लिये विज्ञप्ति

स्वशासी राज्य चिकित्सा महाविद्यालय यथा-अयोध्या, शाहजहाँपुर, मीरजापुर, बस्ती एवं एटा हेतु प्रधानाचार्य के (एक पद प्रत्येक कालेज) पद पर चयन हेतु निम्नलिखित योग्यता एवं अनुभव रखने वाले भारत के नागरिकों से निर्धारित प्रारूप पर आवेदन पत्र एतद्वारा आमंत्रित किये जाते हैं :-

1. आयु:- अभ्यर्थी की आयु दिनांक 01 जुलाई, 2022 को न्यूनतम 50 वर्ष और अधिकतम 62 वर्ष होनी चाहिए।
2. वह प्रख्यात चिकित्साविद् एवं प्रशासनिक अनुभव वाला व्यक्ति हो।
3. शैक्षिक अर्हता :- "He shall possess the recognized postgraduate medical qualification and other academic qualifications from a recognized institution with a minimum of ten years' teaching experience as Professor/Associate Professor/Reader in a medical College/ Institutes, out of which at least five years should be as Professor in a department.
Preference for this appointment will be given to the Head of the Department of medical college/ Institute."
4. वेतनमान :- प्रधानाचार्य पद के लिये वेतनमान शैक्षणिक स्तर-14, इन्ट्री पे रू० 1,44,200/-, जो राज्य सरकार द्वारा राजकीय मेडिकल कालेज के प्रधानाचार्य पद के लिये वेतन और भत्ते आदि के रूप में निर्धारित किया गया है।
5. आवेदन शुल्क :- रू० 1000/- (रुपये एक हजार मात्र) का डिमांड ड्राफ्ट जो "महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, लखनऊ" के पक्ष में लखनऊ में देय हो, आवेदन शुल्क के रूप में अनिवार्य है।
6. एक से अधिक स्थान के लिये आवेदन करने पर अभ्यर्थी को प्रत्येक स्वशासी राज्य चिकित्सा महाविद्यालय के लिये अपेक्षित दस्तावेज एवं बैंक डिमांड ड्राफ्ट के साथ पृथक-पृथक आवेदन करना होगा।

इच्छुक अभ्यर्थी अपना आवेदन निर्धारित प्रारूप (वेबसाइट www.dgme.up.gov.in से डाउनलोड किया जा सकता है) पर समस्त प्रमाण पत्रों की छायाप्रतियों सहित दिनांक 03.06.2022 सायं 05:00 बजे तक कार्यालय महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, लखनऊ के पते पर पंजीकृत/स्पीड पोस्ट द्वारा ही उपलब्ध कराया जाना सुनिश्चित करें। निर्धारित तिथि व समय के पश्चात् प्राप्त एवं अपूर्ण आवेदन पत्रों पर विचार नहीं किया जायेगा।


महानिदेशक

Application Format
(One application for one College)

Advertisement Number and Date.....

Applied for College

Self Attested
Photo

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

- 1- Name of Applicant.....
- 2- Father / Husband's Name (including Surname).....
- 3- Present Address of Residence.....

City..... Phone No.....

State..... Pin.....

Mobile Number Email ID.....

- 4- Permanent address.....

City..... Phone No.....

State..... Pin.....

Mobile Number..... Email ID.....

- 5- Adhar card number.....

- 6- Date of birth (enclose the mark sheet of high school examination).....

- 7- Age of applicant as on 01-07-2022-..... Day..... Month..... Year.

- 8- Marital Status- Married /Unmarried.....

- 9- Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward
Classes/EWS/Disabled.....

(Attach photocopy of certificate issued by competent authority for reserved category)

- 10-Registration Number and Name of the Medical Council and Date

Name of the Degree	Registration no.	Name of the Medical Council	Date of Registration
MBBS			
MD/MS			
MCH/DM			

11- Qualifications: (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						
4	Others						

12-Experience:-

No.	Designation	From	To	Duration	Institution Name
1	Professor				
2	Associate Professor				
3	Asstt. Professor				
4	S.R. / Tutor / Demonstrator				

(Attach experience certificate)

13-Research Publications (Numbers)

14-Application Fee: Demand Draft No..... Dated
for Rs 1000/- in favour of is attached in original.

15-List of Enclosures.....

Place.....

Date.....

Full name and Signature of the Applicant

// Announcement //

1. I certify that the information given by me is complete and true. In the event of information being false, my application form / appointment letter can be canceled.
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