RAJARSHI DASRATH AUTONOMOUS STATE MEDICAL COLLEGE AYODHYA

RAJARSHI DASRATH AUTONOM Email ID: principalgmeayodhya@gmail.com Ref. No.:- MCA/Advertisement/2023/ 1530

Website: www.asmcayodhya.ac.in Dated :- 26/07/2023

Faculty Recruitment

Applications are invited on the prescribed format available at website: asmcayodhya.ac.in for Regular posts of Professor, Associate Professor and Assistant Professor, Rajarshi Dashrath Autonomous State Medical College Ayodhya. The tentative number of the posts are given below:-

(A):-

| S | Name of Specialty | Professor | | | Associate Professor | | | Assistant Professor | | | | | |
|----|---|-----------|-----|-----|---------------------|----|-----|---------------------|-----|-------|------|----------|----------|
| N. | January I and the second | 1 R | OBC | SC | EWS | UR | OBC | SC | EWS | _ LR_ | OBC | _SC_ | _EWS |
| 1 | Orthopaedic Surgery | | | 01 | • | | | 01 | • | | | | |
| 2 | Ophthalmology | | | 01 | | - | | - | | 01 | | | - |
| 3 | Obs & Gynne | | | | | | | - | - | | 01. | | |
| 4 | Immuno Haematology and Blood Transfusion | | | | • | | 01 | | | | • | • | |
| 5 | Emergency Medicine | 01 | | | | 01 | | | • | | | 01 | |
| 6 | Anaesthesia | 01 | | | | - | | | • | 01 | 01 | 01_ | |
| 7 | ENT | - | 01 | | | | | 10 | | • | - | | - |
| 8 | Community Medicine | - | | | | 01 | | | • | | 01** | - | |
| 9 | General Medicine | | | 0.1 | 01 | 01 | | | • | 10 | | 01 | |
| 10 | General Surgery | | | | | - | 01 | | | 01 | 01 | <u> </u> | |
| 11 | TB & Chest | - | | | - | 01 | | | - | | | - | <u>-</u> |
| 12 | Dermatology | | | | | | 01 | | | | | - | <u> </u> |
| 13 | Dentistry | - | | | | | | | | | 01 | - | |
| 14 | Paediatrics | - | 01 | - | - | - | - | | • | | 01 | | 1 . |
| 15 | Pathology | | | | | - | | | - | | 01 | | |
| 16 | Forensic Medicine | - | | - | | - | | 01 | | | | | 1 |
| 17 | Microbiology | | 01 | - | | - | | - | | | 01 | - | |
| 18 | Radio Diagnosis | - | 01 | - | - | - | - | 01 | - | 01 | | - | |
| 19 | Radio-Therapy | - | | - | - | 01 | - | - | | 7 -1 | | - | |
| | Total | 02 | 04 | 02 | 01 | 05 | 03 | 04 | | 05 | 08 | 03 | |

Note:- * Antenatal Medical Officer cum Assistant Professor in the Department of Obs & Gynae. ** Medical Officer cum Assistant Professor in the Department Community Medicine (RHTC).

(B):-

| S. | Name of Specialty | Lady Medical Officer | | | | |
|----|-----------------------------|----------------------|-----|----|-------------------------|--|
| N. | | UR | OBC | SC | EWS | |
| 1 | Lady Medical Officer (UHTC) | a | | 01 | A- 70, - 1 CB | |
| 2 | Lady Medical Officer (RHTC) | 01 | • | • | A PROPERTY AND A SECOND | |
| | Total | 01 | | 01 | 11 12 18 19 Ta 1 19 Ta | |

For Details regarding Qualification, Pay Scale Application Fee, Eligibility etc please refer to college website: asmcayodhya.ac.in

- 1- Qualification/Experience for the posts of faculty will be as per latest NMC norms on Last date of form submission.
- 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.

- i. Professor- Academic Level 14, Initial Pay Rs. 1,44,200.00
- ii. Associate Professor Academic Level 13 A, Initial Pay Rs. 1,31,400.00
- lii. Assistant Professor Academic Level 11, Initial Pay Rs. 68,900.00
- iv. Lady Medical Officer Academic Level 11, Initial Pay Rs. 67,700.00

(The Pay/Allowance of the Professor, Associate Professor and Assistant Professor in the State Medical College by the State Government will be permissible)

S&1 2

A demand draft of Rs. 500/- (Rs. Five hundred) in favour of "Principal Rajarshi Dashrath Autonomous State Medical College, Ayodhya" payable of Ayodhya is mandatory as application fee. Alternatively application fee of Rs. 500/- (Rs. Five hundred) may deposit online in Bank of Baroda, (IFSC code- BARBODEOKAL) Branch Deokali, Ayodhya. Account no.-37850100007565 IFSC code-BARBODEOKAL 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 to 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 (download from - asmcayodhya.ac.in) along with all relevant documents latest by 16-08-2023 till 05:00 PM to the office of the Principal, Rajarshi Dashrath Autonomous State Medical College, Ayodhya, 224133 (U.P.) only by registered/speed post.

8- Ex-Service persons/DNB qualified candidates also apply as per NMC norms.

9- It will be mandatory for the candidates 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

Rajarshi Dashrath Autonomous State Medical College Ayodhya

Application Form

| | tisement Number and Date (The Post for which the application is being made) |
|-------|--|
| 2 000 | (|
| Note: | - All information must be completed by the applicant. |
| 1. | Name of Applicant |
| | Male/Female Self Attested |
| 3. | Father/Husband's Name (including Surname) Photo |
| 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 01-7-2023 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:

(A demand draft of Rs. 500/- (Rs. Five hundred) I favor of "Principal Rajarshi Dashrath Autonomous State Medical College, Ayodhya" payable of Ayodhya is mandatory as application fee. Alternatively application fee of Rs. 500/- (Rs. Five hundred) may deposit online in Bank of Baroda, (IFSC code- BARB0DE0KAL) Branch Deokali, Ayodhya. Account no.- 37850100007565 IFSC code- BARB0DE0KAL proof of which has to be attached along with the application form.)

| 17. List of attached certificates | | |
|-----------------------------------|------|--|
| Place | | |
| Date | | |

// 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 |