

कार्यालय प्रधानाचार्य, स्वशासी राज्य चिकित्सा महाविद्यालय, लखीमपुर खीरी उत्तर प्रदेश  
ई-मेल: principalasmclakhimpurkheri@gmail.com वेबसाइट : www-asmclakhimpurkheri.in  
पत्रांक: स्व0रा0चि0म0का0ल0खी0 / विज्ञप्ति / 2023-24 / 562 दिनांक: 04/11/2023

:- विज्ञप्ति :-

महानिदेशक कार्यालय चिकित्सा शिक्षा एवं प्रशिक्षण उत्तर प्रदेश, लखनऊ, के पत्रांक संख्या एम0ई0-2/2023/3026 दिनांक 02 11.2023 के अनुपालन में स्वशासी राज्य चिकित्सा महाविद्यालय, लखीमपुर खीरी के लिये आचार्य, सह आचार्य एवं सहायक आचार्य के रिक्त पदों हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। पदों की संख्या निम्नवत है:-

क्र. स	विशिष्टता	आचार्य		सह आचार्य		सहायक आचार्य	
		पदों की संख्या	श्रेणी	पदों की संख्या	श्रेणी	पदों की संख्या	श्रेणी
1	आर्थोपेडिक्स	--	--	1	SC	--	--
2	आप्यतमोलॉजी	--	--	--	--	1	SC
3	आब्सट्रैटिक्स एण्ड गायनकोलॉजी	1	SC	1	UR	1	OBC
4	इमरजेंसी मेडिसिन	1	UR	1	OBC	1	SC
5	एनाटमी	--	--	--	--	1	UR
6	एनेस्थीसियोलॉजी	1	UR	1	OBC	1	SC
7	कम्युनिटी मेडिसिन	--	--	--	--	1	OBC
8	जनरल मेडिसिन	1	SC	1	UR	1	SC
9	जनरल सर्जरी	1	UR	1	OBC	1	OBC
10	ट्यूबरकुलोसिस एण्ड सिसिरेटरी मेडिसिन / पल्मोनरी मेडिसिन	--	--	1	EWS	--	--
11	डर्मटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी	--	--	1	SC	--	--
12	फीडियाट्रिक्स	--	--	1	OBC	--	--
13	फार्माकोलॉजी	--	--	1	SC	--	--
14	फिजियोलॉजी	1	OBC	1	UR	1	SC
15	बायोकेमिस्ट्री	1	UR	1	OBC	--	--
16	रेडियो-डायग्नोसिस	--	--	1	OBC	1	SC
17	साइकियाट्री	--	--	1	EWS	--	--
योग :-		7		16		10	

:-Qualifications:-

Posts	Academic Qualification	Teaching & Research Experience
Professor 8 year post PG experience	MD/MS/DNB in the concerned subject	i. Associate Professor in the subject for three years in a permitted/ recognized medical college/ institution 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] 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 Professor 5 years post PG experience	MD/MS/DNB in the concerned subject	i. As Assistant Professor in the subject for four years in a Permitted/recognized medical college/ institution 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] 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.
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: - All qualifications subjected to latest NMC notification.

*(Signature)*

### 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.

1. आयु— उपर्युक्त पदों के लिये अभ्यर्थी की आयु कैलेंडर वर्ष की 01 जुलाई 2023 को न्यूनतम उम्र 26 से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिये।
2. वेतनमान—  
(क) आचार्य— एकेडमिक लेवल—14 इन्ट्री पे रू0—1,44,200.00  
(ख) सह आचार्य— एकेडमिक लेवल—13ए इन्ट्री पे रू0—1,31,400.00  
(ग) सहायक आचार्य— एकेडमिक लेवल—11 इन्ट्री पे रू0—68,900.00  
(राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य, सह आचार्य, सहायक आचार्य, पदनामित सहायक आचार्य को प्रदत्त वेतन/भत्ते मान्य होंगे।)
3. आवेदन शुल्क—  
रुपये 500/—(रु पाँच सौ मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में "PRINCIPAL AUTONOMOUS STATE MEDICAL COLLEGE LAKHIMPUR KHERI" के पक्ष में देय होगा।
4. चयन प्रक्रिया में प्रतिभाग करने हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
5. पदों की संख्या घट या बढ़ सकती है।
6. इच्छुक अभ्यर्थी विज्ञप्ति का सम्पूर्ण व्यौरा कालेज की वेबसाइट [www-asmclakhimpurkheri.in](http://www-asmclakhimpurkheri.in) एवं डी0जी0एम0ई0 की वेबसाइट [www.dgme.up.gov.in](http://www.dgme.up.gov.in) से भी डाउनलोड कर सकते हैं। निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुये आवेदन पत्र सभी प्रमाण-पत्रों के साथ दिनांक .28.11.2023 सायं 05 बजे तक प्रधानाचार्य कार्यालय स्वशासी राज्य चिकित्सा महाविद्यालय (निकट मुख्य चिकित्सा अधीक्षक कार्यालय जिला चिकित्सालय खीरी) जेल रोड निकट राजकीय इण्टर कालेज लखीमपुर खीरी पिन कोड— 262701, को केवल स्पीड पोस्ट/रजिस्टर्ड डाक के माध्यम से उपलब्ध कराया जाना सुनिश्चित करें।
7. अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन पत्र स्वीकार नहीं किये जायेंगे।
8. आरक्षण राज्य सरकार द्वारा जारी मौजूदा नियमों एवं शासनादेशों के अनुसार देय होगा।

प्रधानाचार्य

स्वशासी राज्य चिकित्सा महाविद्यालय,  
लखीमपुर खीरी।

पत्रांक— स्व0रा0चि0मे0का0ल0खी0/विज्ञप्ति/2023-24 / 562  
प्रतिलिपि— निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

तददिनांक।

1. प्रमुख सचिव चिकित्सा शिक्षा अनुभाग—3 उ0प्र0 शासन लखनऊ।
2. महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण उ0प्र0 लखनऊ।
3. प्रभारी अधिकारी वेबसाइट स्वशासी राज्य चिकित्सा महाविद्यालय लखीमपुर खीरी को इस आशय से प्रेषित उक्त विज्ञप्ति को कालेज की वेबसाइट पर तत्काल प्रदर्शित करना सुनिश्चित करें।
4. सूचना पट हेतु।
5. गार्ड फाइल।

प्रधानाचार्य

स्वशासी राजकीय मेडिकल कालेज,  
लखीमपुर खीरी।

**AUTONOMOUS STATE MEDICAL COLLEGE, LAKHIMPUR KHERI**

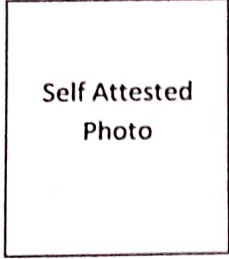
**Application Format**

**Advertisement Number and Date.....**

**Post.....(The Post for which the application is being made)**

**Name of Department .....**

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



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.....

6- Aadhar card number (if Any).....

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

8- Age of applicant as on 01-07-2023..... Day..... Month..... Year.

9- Applicant's Marital Status- Married / Unmarried.....

10-Date of marriage-.....

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

d- Others

13-Educational 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						

14-Educational experience:-

No.	Designation	From	To	Duration	Name of the Institution
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-If candidates serving in Government/ Quasi Government or Public Sector are advised to submit 'No Objection Certificate' from their employer at the time of interview, failing which their candidature may not be considered.

17-List of attached certificates as per checklist.....

Place.....

Date.....

Full name and Signature of the Applicant

**// 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**

## Checklist

Name of applicant:.....

- |  |                          |
|--|--------------------------|
| 1. Demand Draft                              | <input type="checkbox"/> |
| 2. Self-Attested Photograph                  | <input type="checkbox"/> |
| 3. Aadhar Card & Pan Card                    | <input type="checkbox"/> |
| 4. Category Certificate                      | <input type="checkbox"/> |
| 5. DOB Certificate /High School Certificates | <input type="checkbox"/> |
| 6. UG, PG Degree                             | <input type="checkbox"/> |
| 7. UG,PG Registration                        | <input type="checkbox"/> |
| 8. Experience Certificates                   | <input type="checkbox"/> |
| 9. Research Publications                     | <input type="checkbox"/> |
| 10. NOC if in Government Service             | <input type="checkbox"/> |

**Place:**

**Signature of the applicant**

**Date:**