

Office of the Principal, Autonomous State Medical College, Lakhimpur kheri ,U.P.

Email. principalasmclakhimpurkheri@gmail.com

Website : www.asmcclakhimpurkheri.in

Letter No. ASMC/Lakhimpur/Advertisement/2023-24/583

Date- 04-11-2023

:- Advertisement :-

Applications are invited for Senior Resident and junior Resident /Tutor at Autonomous State Medical College, Lakhimpur kheri ,U.P. The tentative numbers of the post are given below. Complete application in prescribed format with self attested copies of certificates along with two recent photographs and demand draft of Rs 500 /- in favour of "Principal, Autonomous State Medical College, Lakhimpur kheri" payable at Lakhimpur kheri.should reach to the office of Principal, Autonomous State Medical College, (near office of CMS District Hospital kheri) jail Road near G.I.C Inter college lakhimpur kheri 262701 U.P. only through speed post/Registered post latest by 05:00 PM. on 28-11-2023

Senior Residentes & Junior Residentes/ Totur

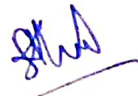
| S.N. | Name of Specialty | Senior Residentes | | Junior Resident / Tutors | |
|------|---|-------------------|----------|--------------------------|----------|
| | | No.of posts | Category | No.of posts | Category |
| 1 | Orthopedics | 1 | SC | 11 | UR |
| 2 | Ophthalmology | 1 | UR | | |
| 3 | Obstetrics and gynecology | 1 | OBC | 9 | OBC |
| | | 1 | UR | | |
| 4 | Emergency medicine | 1 | SC | | |
| | | 2 | UR | | |
| | | 2 | OBC | | |
| | | 1 | EWS | | |
| 5 | Anesthesiology | 1 | SC | | |
| 6 | Oto-rhino-laryngology | -- | -- | | |
| 7 | General medicine | 1 | OBC | | |
| | | 1 | UR | | |
| | | 1 | SC | | |
| 8 | General surgery | 1 | UR | | |
| | | 1 | OBC | | |
| 9 | Tuberculosis and respiratory/pulmonary medicine | 1 | OBC | | |
| 10 | Dermatology, venereology and leprosy | -- | -- | | |
| 11 | Pediatrics | 1 | SC | | |
| 12 | Microbiology | 1 | UR | | |
| 13 | Radiodiagnosis | 1 | OBC | | |
| | | 1 | UR | | |
| 14 | Psychiatry | 1 | SC | | |
| 15 | Anatomy | -- | -- | | |

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| | | | | | |
|-------|--------------------|----|----|----|-----|
| 16 | Physiology | -- | -- | 4 | EWS |
| 17 | Biochemistry | -- | -- | | |
| 18 | Pharmacology | -- | -- | | |
| 19 | Forensic Medicine | -- | -- | | |
| 20 | Community Medicine | -- | -- | | |
| Total | | 22 | | 31 | |

Note-


- 1- Qualifications as per latest NMC Norms.
- 2- In Anatomy, Physiology & Biochemistry non medical post graduate with MSc. (Medical degree) from recognized medical college may be considered for the appointment at the post of Tutor (Non medical).
- 3- Pay scale as per up Govt. rules.
- 4- The age of the candidate should be below 45 years at the time of appointment.
- 5- No TADA is payable for attending the interview.
- 6- Senior residents and junior residents / Tutor are the tenure post minimum for a period of three months and maximum one year
- 7- Number of post may increase or decrease.
- 8- Detail advertisement & application format can be downloaded for college Website : www.asmcLakhimpurkheri.in.


Principal,
Autonomous State Medical College,
Lakhimpur kheri U.P."

Letter No. ASMC/Lakhimpur/Advertisement/2023-24 / 563

Copy- Forwarded to the following for the information and necessary action.

1. The Principal Secretary Medical Education section -3 U.P. Government Lucknow.
2. The Director General Medical Education & training U.P. Lucknow.
3. Officer incharge college website with the direction to ensure its uploading on college website immediately.
4. Notice board.
5. Guard file.


Principal,
Autonomous State Medical College,
Lakhimpur kheri U.P."

AUTONOMOUS STATE MEDICAL COLLEGE, LAKHIMPUR KHERI.

Application Format

Advertisement Number and Date.....

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

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

15- Details of Demand draft-

- a- DD Number-----
- b- Issue Date-----
- c- Issuing Bank-----

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: