

#### AUTONOMOUS STATE MEDICAL COLLEGE AURAIYA, UTTAR PRADESH-206122

# Email-principalasmcauraiya@gmail.com

Website-www.asmc.in

Letter No-AURAIYA/ADVT/2025-26/ 42



DATED- 16-4-2025

#### **ADVERTISEMENT**

Application are invited on the prescribed format for the regular posts of Professor, Associate Professor and Assistant professor of Autonomous State Medical College, AURAIYA, UTTAR PRADESH. The tentative numbers of the post are given below-

Sr.	Name of Specialty	P	rofessor	Assoc	iate professor	Assistant professor		
no		Posts	Category	Posts	Category	Posts	Category	
1	Orthopedics	1	OBC	1	sċ			
2	Opthalmology	1	EWS	1	sc	1	sc	
3	Obstetrics and Gynecology	1	sc	1	UR	1	ОВС	
4	Immuno Hematology and blood transfusion	-	-	-	-	1	UR	
5	Anatomy	1	OBC	-	-	1	OBC	
6	Anesthesiology	1	UR	1	SC	1	UR	
				1	UR	2	OBC	
7	Oto-rhino-laryngology (ENT)	1	SC	1	OBC		14	
8	Community Medicine			1	SC	2	SC	
				55903		1	EWS	
	RHTC	-				1	ОВС	
9	General Medicine	1	SC	2	UR	1	SC	
10	General Surgery	1	UR	2	ОВС	1	sc	
						1	OBC	
						1	UR	
11	Dermatology leprosy and Venereology	0	0	1	SC	1	OBC	
12	Pediatrics	1	OBC	1	OBC	1	OBC	
13	Pathology	1	UR	1	UR	1	EWS	
14	Pharmacology	1	SC	1	SC	1	OBC	
15	Physiology	1	OBC	1	UR	1	sc	
16	Forensic, Medicine	1	UR	1	ОВС	1	UR	
17	Biochemistry	•		1	ОВС	1	OBC	
8	Microbiology	1	OBC	1	UR	1	SC	
19	Radiodiagnosis	1	UR	1	ОВС	1	sc	
20	Psychiatry	0	0	1	EWS			
	TOTAL	15		21		24		

Principal

Acutonomous State Medical College

Auraiya

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# कार्यालय प्रधानाचार्य पुण्यश्लोका लोकमाता देवी अहिल्याबाई होल्कर स्वशासी राज्य चिकित्सा महाविद्यालय औरैया Email id- principalasmcauraiya@gmail.com



पत्रांक-ए०एस०एम०सी०औ० / विज्ञ० / 2025-26 / 294

दिनांक- वर्गाठार्थ

# चिकित्सा शिक्षको हेतु विज्ञप्ति

रवशासी राज्य चिकित्सा महाविद्यालय औरैया में विभिन्न संकायो में नियमित चिकित्सा शिक्षकों के रिक्त पदों पर नियुक्ति हेतु पत्रांक संख्या—AURAIYA/ADVT/2025-26/42 Dated-16-04-2025 द्वारा विज्ञप्ति प्रकाशित की गई थी, प्रकाशित विज्ञप्ति की अन्तिम तिथि दिनांक—30.06.2025 थी। जिसे बढाकर दिनांक—15.07.2025 तक विस्तारित की जाती है। विस्तृत सूचना एवं रिक्त पदों का विवरण स्वशासी राज्य चिकित्सा महाविद्यालय औरैया की बेवसाइट— www.asmcs.in से डाउनलोड कर सकते है।

" उक्त विज्ञापन में माइकोबायोलॉजी विभाग में सहायक आचार्य श्रेणी सामान्य का 01 पद बढाया

जाता है। "

पुण्यश्लोका लोकमाता देवी अहिल्याबाई होल्कर स्वशासी राज्य चिकित्सा महाविद्यालय औरैया।

# AUTONOMOUS STATE MEDICAL COLLEGE, AURAIYA

### **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	Self Attested Photo
3- Father / Husband's Name (including Surname)	
4- Present Address of Residence (including PIN code)	
1	
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 01-07-2024 Day Month.	Year.
9- Applicant's Marital Status- Married / Unmarried	
10-Date of marriage	
11-Category: Unreserved / Scheduled Caste / Scheduled Tribes / Othe /EWS/Disabled	
12-Registration Number and Name of the Medical Council and Date.	
a- MBBSb- MD/ MSc- MCH/ DMd- Others	

13-Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the	Institution /	Year	Subject	Marks	MBBS	effort
	Examination	Board /			Obtained /	<b>Total Marks</b>	1/4 attempt
		University			Max Marks	/ percentage	s½
1	MBBS						
2	MD/MS						
3	DM/MCH						
4	Others						

# 14-Educational experience:-

No.	Designation	From	То	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	Asst. Professor	
4	S.R. / Tutor / Demonstrator	

(Attach Photo Copy)

16-I	f ca	ndida	tes s	servir	ng in C	Government	Quasi	Gov	ernment	or	Public	Secto	or a	re advis	sed
t	o si	ubmit	'No	Obj	ection	Certificate	from	their	employe	er a	at the	time	of	intervie	w,
f	aili	ng wh	ich t	their	candid	ature may n	ot be c	onsid	ered.						

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

Place	
Date	Full name and Signature of the Applican

#### // 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	
2. Self-Attested Photograph	$\Box$
3. Aadhar Card & Pan Card	
4. Category Certificate	Ħ
5. DOB Certificate /High School Certificates	
6. UG, PG Degree	Ħ
7. UG,PG Registration	
8. Experience Certificates	
9. Research Publications	
10. NOC if in Government Service	
Place:	Signature of the applicant
Date:	