

# Office of Principal, Autonomous State Medical College, Hardoi E-mail- <a href="mailto:principalasmchardoi@gmail.com">principalasmchardoi@gmail.com</a> Website – www.asmchardoi.org

Letter No.-ASMC/Hardoi/2025-26/532

Date - 09 /06/2025

#### **Faculty Advertisement**

Application are invited on the prescribed format for the regular posts of Professor, Associate Professor and Assistant Professor, Autonomous State Medical College, Hardoi, U.P. The tentative numbers of the post are given below:

Sr. No.	Name of Specialization	Professor		Associate Professor		Assistant Professor	
		No. of Posts	Category	No. of Posts	Category	No. of Posts	Category
1.	Orthopedics	01	OBC	01	SC	01	ST
2.	Ophthalmology	01	UR	01	UR	01	sc
3.	Obstetrics & Gynecology	01	SC	01	UR	01	UR
4.	Emergency Medicine	01	ОВС	01	ОВС	_	-
5.	Anatomy			01	ОВС	01	ОВС
	,					01	UR
6.	Anesthesiology	01	UR	01	SC	02	OBC
				01	UR	-	-
						01	SC
7.	Otorhinolaryngology	01	ОВС	01	OBC	-	-
8.	Community Medicine	-	_	01	SC	-	-
		-		-	-	01	OBC
						01	SC
	R.H.T.C. (Medical Officer-Health cum Lecture/Assistant Professor)	-	-	-	-	01	EWS
	U.H.T.C. (Medical Officer-Health cum Lecture/Assistant Professor)	-	-	-	-	01	SC
9.	General Medicine	01	ОВС	01	OBC	01	UR
		***************************************		01	EWS		
				01		02	ОВС
		-		OI.	SC	01	EWS
10.	General Surgery	01	SC	01	OBC	01	OBC
	<b>5</b> - 7			01	SC	-	-
11.	Dentistry	-	-	-	-	01	OBC
12.	Tuberculosis and Respiratory/Pulmonary Medicine	-	-	01	SC	-	_
13.	~	-	-	01	UR	01	SC
14.	Pediatrics	01	OBC	01	ОВС	-	
15.		01	EWS	01	OBC	01	ОВС
				01	UR	-	
16.	Physiology	-	-	-	-	01 01	UR SC
17.	Pharmacology	01	SC	01	SC	01	SC -
18.	Bio Chemistry	-		-	-	_	-
19.		_	-	01	UR	01	SC
	Microbiology	01	ОВС	01	SC		-
21.	Radio-Diagnosis	01	EWS	01	OBC	01	SC
22.		<del>-</del>	-	01	UR		T -
	Total	13		24		25	1

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Note: (UR- Unreserved, OBC-Other Backward Community, EWS-Economically weaker Section, SC- Schedule Caste, ST- Schedule Tribe)

1:- UR candidates can be considered for EWS post if EWS candidates are not available.

**2:**-Academic Qualifications, teaching experiences and research publications for above posts are as per the latest NMC Norms as well as amended norms of NMC from time to time.

3:- Age: Age: As per NMC Norms.

4:- Pay-Scale:

i) Professor- Academic Level 14, Initial Pay Rs. 1,44,200.00/-

ii) Associate Professor Academic Level 13A, Initial Pay Rs. 1,31,400.00/-

iii) Assistant Professor Academic Level 11, Initial Pay Rs. 68,900.00/-.

The Pay/Allowances for the post of Professor, Associate Professor and Assistant Professor will be permissible as per the norms of Autonomous State Medical College rules or by the State Government of UP norms as admissible.

5:- Application Fee: DD of Rs. 500/- (Rs. Five hundred only) payable in favor of "Principal, Autonomous State Medical College Society, Hardoi, UP" payable at Hardoi.

6:-I:-No TA/DA will be paid to the eligible candidates for attending the interview.

II:- Full details of the Advertisement and Application form can be downloaded from the College website www.asmchardoi.org and DGME Site <a href="http://dgme.up.gov.in">http://dgme.up.gov.in</a>

III:- Duly filled application forms with all requisite documents and demand draft, should reach the "Office of Principal, Autonomous State Medical College, Hardoi, U.P. 241001 only by registered/Speed post, latest by 05:00PM on 09-07-2025

IV:- Only MD/MS/DNB candidates should apply for above advertised posts.

7:- Number of Posts may Increase or decrease.

Principal

Autonomous State Medical College

Hardoi

## $\frac{\text{AUTONOMOUS STATE MEDICAL COLLEGE, HARDOI,}}{\text{UTTAR PRADESH}}$

### **Application Format**

Adv	vertisement Number and Date	••••••						
Pos	(The Post for which the application is being made)							
Not	e: - All information must be completed by the applicant.	Self Attested						
1.	Name of Applicant	Photo						
2.	Male / Female-							
3.	Father / Husband's Name (including Surname)							
4.	Present Address of Residence (including PIN code):							
		•••••						
	Name of the CityPhone No	•••••						
	Mobile NumberEmail ID	***************************************						
5.	Permanent address	••••••						
		***************************************						
	<b></b>							
	Name of the City							
	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 01-07-2025DayMonth	Year.						
9.	Applicant's Marital Status- Married / Unmarried	•••••••••••						
10.	Date of marriage-							
11.	Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward							
	Classes/Disabled							
	(Attach photocopy of certificate issued by competent authority for reserved category)							
12.	Registration Number and Name of the Medical Council and Date							
1.	MBBS	•••••						
2.	MD /MS							



No.	Name of the Examination		tution/ Board/ versity	Year	Subject		s Obtained/ Marks	MBBS Total Marks / percentage	effort (attempt
1	MBBS								
2	MD/MS								
3	DM/MCH								
14	Educational expe	rience	:-				***************************************		
No.	Designation From			То	Dura	Duration Name of the		ne Institution	
. 1	Professor								
2	Associate Professo	or							
3	Asstt. Professor								***************************************
4	S.R. / Tutor / Demonstrator								
15. No	(Attach exper		•		n age	anah D	ublications		
	Designation				Kese	zaicii Fi	noncations		
1	Professor								
2	Associate Professor								•
3	Asstt. Professor								
4	S.R. / Tutor / 1	Demor	istrator	***************************************					
	(Attach Photo Co	ору)							·
16	. If candidates ser	ving in	Government/ Q	uasi Govern	ment or Pul	olic Sec	tor are advise	d to submit 'No	Objection
	Certificate' from		- •		· · · · · ·			=	
17	. List of attached of	certific	ates as per check	klist		• • • • • • • •	***********	•••••	
	Place								

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### // Announcement//

1.I Certify that the above information given by me is complete and true. In the event of information being tapplication form / appointment letter can be cancelled.	alse, my
2.I Certify that I have not been found guilty by any court of any offense of moral decimation nor is there any s against me in any jurisdiction.	uch case
Place  Date	
<u>Checklist</u>	
Name of applicant:	
1. Demand draft	
2. Self-attested photograph	
3. Aadhar and pan card	
4. DOB / High school certificate	
5. UG, PG Degree	
6. UG, PG registration	
7. Experience certificates	
8. Research Publication	
9. NOC (not required in probation, attaching copy of the order)	
10.BCBR certificates	
11.BCME/MET (NMC Recognised)	
The me resignation	
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Full name and signature of applicant

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Place:

Date: