कार्यालय प्रधानाचार्या, महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय, बिजनौर, उत्तर प्रदेश

ई-मेल: gmcbijnor@gmail.com वेबसाइट : www.mvasmcbijnor.org

पत्रांकः म0वि०स्व०रा0चि०म0बिजनौर/2025-26/3/4/ दिन

दिनॉकः 2.3./06/2025

-: नियमित पदों हेतु विज्ञप्ति :-

महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय, बिजनौर के आचार्य, सह आचार्य एवं सहायक आचार्य के नियमित रिक्त पदों हेतु निर्धारित प्रपत्र में आवेदन पत्र आमंत्रित किये जाते हैं। पदों की संख्या निम्नवत है:—

| . | | आच | वार्य | सह आ | चार्य | सहायक | आचार्य |
|------------|--|------------------|--------|------------------|--------|------------------|--------|
| कं. सं. | विशिष्टता | पदो की संख्या | श्रेणी | पदो की संख्या | श्रेणी | पदो की संख्या | श्रेणी |
| 1 | आर्थोपेडिक्स | 01 | OBC | 01 | SC | 01 | OBC |
| 2 | आष्यलमोलॉजी | 01 | EWS | 01 | SC | | |
| 3 | ऑब्स एण्ड गायनोकोलॉजी | | | | | 01 | OBC |
| 4 | इमिनोहिमैटोलोजी एण्ड ब्लड ट्रांसफयूजन (ब्लड बैंक) | | | | | | UR |
| 5 | एनाटमी | 01 | OBC | | | 01 | OBC |
| | \ 00 \ \ 0 | | | 01 | SC | 01 | OBC |
| 6 | एनेस्थीसियोलॉजी | | | | | | |
| 7 | ओटो—राइनो—लैरिंगोलॉजी | 01 | SC | 01 | OBC | | |
| • | • | | | | | | |
| | कम्युनिटी मेडिसिन | | | | | | |
| 8 | 3 | | | 01 | SC | 01 | EWS |
| | RHTC | | | | | | |
| | | | | 01 | UR | 01 | UR |
| | जनरल मेडिसिन | | | 01 | OBC | 01 | OBC |
| 9 | | | | 01. | UR | 01 | UR |
| | | | | | | 01 | UR |
| | | | | 01 | UR | 01 | SC |
| 10 | जनरल सर्जरी | | | 01 | OBC | | |
| 10 | | | | 01 | OBC | | |
| 11 | डर्मेटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी | | | | | 01 | UR |
| | | | | | | | |
| 12 | पीडियाट्रिक्स | | | | | | |
| 12 | पैथोलॉजी | 01 | UR | 01 | UR | | |
| 13 | 4-11(11-11) | | | 01 | UR | | |
| | | 0.1 | SC | 01 | SC | 01 | SC |
| 14 | फार्माकोलॉजी | 01 | SC | UI | 30 | | |
| 15 | फिजियोलॉजी | 01 | OBC | | | | |
| 16 | फोरेन्सिक मेडिसिन | | | 01 | OBC | | |

trod (ophan)

Amor. Proj. (Broduly)

| | MOT CA | | | | | | |
|----|-------------------|----|-----|----|-----|----|-----|
| 17 | बायोकंमिस्ट्री | 01 | UR | | | 01 | ОВС |
| 18 | माइकोबायोलॉजी | 01 | OBC | | | | |
| 10 | नाइकाबायालाजा | 01 | ОВС | | | | |
| 19 | रेडियो–डायग्नोसिस | 01 | UR | 01 | OBC | 01 | SC |
| 20 | साइकियाट्री | | | 01 | EWS | 01 | SC |
| | कुल | 10 | | 17 | | 16 | |

-: Qualifications:-

| | | Teaching & Research Experience |
|----------------------------------|-------------------------------------|---|
| | Qualification | |
| Professor 8 year post | MD/MS/DNB in the concerned subject. | i. Associate Professor in the subject for three years in a permitted/ recognized medical college/ institution. |
| PG experience | , | 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 | MD/MS/DNB in the concerned subject. | i. As Assistant Professor in the subject for four years in a Permitted /recognized medical college/ institution. |
| 5 years post PG experience | | 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, Pub Med, Central Science Citation Index, Science Citation Index, Expanded Embassy, Scopus, Directory of Open Access Journals (Doan) 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 | MD/MS/DNB in the | One year as Senior Resident in the concerned subject in a recognized/ |
| Professor | concerned subject. | permitted medical college after acquiring MD/MS Degree. |

Note: -

- All qualifications subjected to latest NMC notification.
- M.Sc (Phd) candidates need not to apply.

Qualification for selection of Designated Assistant Professor

A non-teaching Consultant or Specialist, possessing postgraduate medical degree, working for at least two year in the concerned specialty in the minimum 330 bedded non-teaching Government Hospitals 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 designation 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: Consultant or specialists having the required postgraduate degree and experience or working in the concerned specialty/super-specialty department for a period of not less than 2 year 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 promotion to higher teaching designations would be as per these regulations.
- 1. आयु:— उपर्युक्त पदों के लिये अभ्यर्थी की आयु कैलेण्डर वर्ष की 01 जुलाई को न्यूनतम उम्र 26 से कम एवं अधिकतम उम्र 65 वर्ष से अधिक नहीं होनी चाहिये।
- 2. वेतनमानः-
- (क) आचार्य- एकेडमिक लेवल-14 इन्द्री पे रू0-1,44,200.00
- (ख) सह आचार्य— एकेडमिक लेवल—13ए इन्ट्री पे रू0—1,31,400.00
- (ग) सहायक आचार्य— एकेडिमक लेवल—11 इन्द्री पे रू०—68,900.00 (राज्य सरकार द्वारा राजकीय मेडिकल कालेजों में आचार्य, सह आचार्य एवं सहायक आचार्य को प्रदत्त वेतन/भत्ते मान्य होंगे।)
- 3. आवेदन शुल्क:— रूपये 500 / —(रू पाँच सौ मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में ''प्रधानाचार्या, महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय, बिजनौर ' के पक्ष में देय होगा।
- 4. चयन प्रक्रिया में प्रतिभाग करनें हेतु किसी भी प्रकार का यात्रा भत्ता इत्यादि देय नहीं होगा।
- 5. पदों की संख्या घट या बढ़ सकती है।
- 6. इच्छुक अभ्यर्थी निर्धारित प्रपत्र पर पूर्ण रूप से भरे हुये आवेदन (आवेदन प्रपत्र वेबसाइट www.mvasmcbijnor.org एवं डी०जी०एम०ई की वेबसाइट से www.dgme.up.gov.in भी डाउनलोड कर सकते हैं) सभी प्रमाण-पत्रों के साथ दिनॉक 31.08.2025 साय 05 बजे तक कार्यालय, प्रधानाचार्य, महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय, जिला संयुक्त चिकित्सालय परिसर बिजनौर 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।
- 9. डी०एन०बी० योग्य उम्मीदवार भी एन०एम०सी० मानकों के अनुसार आवेदन कर सकतें हैं।
- 10.साक्षात्कार के समय आर्थिक रूप से कमजोर वर्ग का प्रमाण—पत्र एक वर्श से ज्यादा और अन्य पिछड़ा वर्ग का प्रमाण—पत्र 6 माह से ज्यादा का मान्य नहीं होगा। उपरोक्त प्रमाण—पत्र उत्तर प्रदेश सरकार द्वारा प्रदत्त प्रारूप पर ही मान्य होगा।
- 11.आवेदन पत्र के लिफाफे पर आवेदित पद का नाम एवं विभाग लिखना अनिवार्य है।

प्रधानाचार्य महात्मा विदुर स्वासी ज्याज्य चिकित्सा महाविद्यालय, बिजन्तीर

MAHATMA VIDUR AUTONOMOUS STATE MEDICAL COLLEGE, BIJNOR

Application Format

| Advertisement Number and Date | |
|--|-----------------------------------|
| DepartmentPost(The Post for which | ch the application is being made) |
| Note: - All information must be completed by the applicant. 1. Name of Applicant | Self Attested Photo |
| 2. Male / Female | |
| 3. Father / Husband's Name (including Surname) | |
| 4. Present Address of Residence (including PIN code) | |
| | |
| Name of the City | |
| Mobile Number Email ID | |
| 5. Permanent address | |
| Name of the CityPhone No | |
| Mobile Number | |
| 6. Aadhar card number (if Any) | |
| Date of birth (enclose the mark sheet of high school examination). | |
| 8. Age of applicant as on 01-07-2025 Day Month. | |
| 9. Applicant's Marital Status- Married / Unmarried | |
| 10. Date of marriage | |
| 11. Category: Unreserved / Scheduled Caste / Scheduled Tribes / Othe /EWS/Disabled | er Backward Classes |
| 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)

| 13.E | ducational Qua | 1 | | | | MBBS | effort |
|------|-------------------------|----------------------------------|------|---------|----------------------------------|-------------|------------|
| No. | Name of the Examination | Institution / Board / University | Year | Subject | Marks Obtained / Max Marks | Total Marks | (attempts) |
| 1 | MBBS | | | | | | |
| 2 | MD/MS | | | | | | |
| 3 | DM/MCH | | | | | | |
| 4 | Others | | | | | | |

14. Educational experience:-

| | 14. Educational experience:- | | | Duration | Name of |
|-----|------------------------------|------|----|----------|-----------------|
| No. | Designation | From | То | Duration | the Institution |
| 1 | Professor | | | | |
| 2 | Associate Professor | | | | |
| 3 | Asstt. Professor | | | | |
| 4 | S.R. / Tutor / Demonstrator | | | | |

(Attach experience certificate)

15. Research Publications:-

| | 15. Research Publications:- | Research Publications |
|-----|-----------------------------|-----------------------|
| No. | Designation | ACSUA CELL |
| 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 ^o List of attached certificates as pe | r checklist |
|---|--|
| Place | Full name and Signature of the Applicant |
| Date | Full hame and organization |

// Announcement //

- 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. 1.
- 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. 2.

| Place | Full Name and Signature of the Applican |
|-------|---|
| Date | Full Name and Signature of the Approxim |

Checklist

| . Demand Draft | |
|--|--|
| . Self-Attested Photograph | |
| 3. Aadhar Card & Pan Card | |
| Category Certificate | |
| 5. DOB Certificate /High School Certificates | |
| 6. UG, PG Degree | |
| 7. UG,PG Registration | |
| 8. Experience Certificates | |
| 9. Research Publications | |
| 10. NOC if in Government Service | |
| 11. BCBR | |
| 12. BCMET | |

Place: Signature of the applicant

Date: