कार्यालय, प्रधानाचार्य, महर्षि देवराहा बाबा स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया, उत्तर प्रदेश

ई-मेल:brdmcgkp1969@gmail.com

वेबसाइट : http://brdmc.ac.in/

पत्रांकः ० । /कैम्प/देवरिया/2020

दिनॉकः 22/12/2020

-:विज्ञप्ति:-

महर्षि देवराहा बाबा स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया के आचार्य, सह आचार्य एवं सहायक आचार्य के रिक्त पदों हेतु निर्धारित प्रपन्न में आवेदन पन्न आमंत्रित किये जाते हैं। पदों की संख्या निम्नवत है:--

क0		आचार्य		सह आचार्य		सहायक आचार्य	
पं 0	विशिष्टता	पदो की संख्या	श्रेणी	पदो की संख्या	श्रेणी	पदो की संख्या	श्रेणी
1	आर्थोपेडिक्स			01	SC		
2	आष्यलमोलॉजी					01	SC
3	आब्सट्रेटिक्स एण्ड गायनकोलॉजी	01	SC	01	UR	01	UR
		O1	SC			01	OBC
4	इमरजेन्सी मेडिसिन			01	OBC	01	UR
5	एनाटमी	01	UR	01	UR	01	SC
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	01				01	UR
6	एनेस्थीसियोलॉजी			01	SC	01	OBC
				01	UR	01	UR
7	ओटो-राइनो-लैरिंगोलॉजी					01	OBC
8	कम्युनिटी मेडिसिन					01	EWS
	जनरल मेडिसिन			01	OBC	01	SC
9		01	OBC	01	UR	01	UR
					UK	01	OBC
	जनरल सर्जरी	01	UR	01	OBC	01	UR
10				01	EWS	01	SC
						01	UR
11	ट्यूबरकुलोसिस एण्ड रेस्पिरेटरी मेडिसिन/ पत्मोनरी मेडिसन			01	SC		
12	डर्मेटोलॉजी वेनेरोलॉजी एण्ड लेप्रोसी			01	UR		
13	डेन्टिस्ट्री					01	OBC
14	पीडियाट्रिक्स			01	OBC		
15	पैथोलॉजी			01	UR	01	UR
16	फार्माकोलॉजी			01	SC		
17	फिजियोलॉजी	01	SC	01	UR	01	OBC
17		01				01	EWS
18	फोरेन्सिक मेडिसिन	عين بالم				01	SC
19	बायोकेमिस्ट्री	01	UR	01	OPC	01	UR
	•	U1	UK	01	OBC	01	OBC
20	माइकोबायोलॉजी			01	UR	01	UR
21	रेडियो–डायग्नोसिस			01	OBC	01	SC
22	साइकियाट्री			01	EWS		
	योग	00	5	20)	25	;

-: Qualifications:-

		-:Quaintations
Posts	Academic Qualification	Teaching & Research Exp.
Professor	A post graduate qualification MD/MS/DNB in the concerned subject and as per these Regulations	(i) Associate Professor in the subject for 3 years in a permitted/approved/ recognized medical college/institution with three Research publications (at least two as Associate Professor) (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.
		(ii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI.(iii) Should have completed the Basic course in biomedical research
		from Institution(s) designated by MCI. As per NMC Gazette Dated 17, February, 2020, for the appointment to the post of Professor "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" as prevailing before issuance of this notification will also be Considered.
Associate	A post graduate	(i) As Assistant Professor in the subject for 4 years in a
Professor	qualification	permitted/approved/recognized medical college/ institution with one
110100001	MD/MS/ DNB in	Research publication (only original papers, meta-analysis, systematic
	the concerned	reviews, and case series that are published in journals included in
	subject and as per	Medline, Pubmed Central, Citation index, Sciences Citation index,
	these Regulations	Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be
		the Corresponding author.
		(ii) Research project in lieu of publication/authorship can be considered only if the person is Principal or Co-Principal investigator (P1/CoPI) of a research project funded by a national research body such as Indian
		Council for Medical Research (ICMR), Department of Science & Technology (DST), Department of BioTechnology (DBT) or any such
		body. (iii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI.
		(iv) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI.
6	(As per NMC Gazette Dated 17, February, 2020, for the
		appointment to the post of Associate Professor "Minimum
		Qualifications for Teachers in Medical Institutions Regulations,
		1998" as prevailing before issuance of this notification will also be Considered.
Assistant	A post graduate	For Candidates with MD/MS, 3 years Junior Resident in a
Professor	qualification	recognized/permitted medical college in the concerned subject and One
N.	MD/MS/DNB in	
	the concerned	
*	subject and as per	year as Senior Resident in the concerned subject in a
	these Regulations.	recognized/permitted medical college is required after DNB degree being equated to MD/MS in terms of clause 4A of Schedule-I. For No. 13 (Asstt Professor- Dentistry)-
		(i) Post graduate degree in the subject concerned (M.D.S.) or an
,		equivalent qualification as recognized by appropriate council. (ii) Three years of teaching experience in the Subject in a recognized
		Medical College/University/Institution as resident/ Registrar/ Demonstrator/Tutor as a postgraduate Student and in addition one year experience as Senior Resident in the concerned subject in a recognized
		Medical College/ University/Institution.

2

- 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 इन्ट्री 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 इन्ट्री पे रू0—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—500.00 (रूपये पांच सौ मात्र) का आवेदन शुल्क डिमाण्ड ड्राफ्ट के रूप में 'प्रधानाचार्य, बाबा राघव दास मेडिकल कालेज, गोरखपुर,'' के पक्ष में देय होगा।

- 4. चयन प्रकिया 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 आवेदन प्रपत्र को (वेबसाइट http://brdmc.ac.in/ और www.updgme.com) से डाउनलोड करके पूर्ण रूप से भरकर, अपने समस्त प्रमाण पत्रों को सत्यापित करते हुये दिनॉक 28—01—2021 को साय 05:00 बजे तक प्रधानाचार्य कार्यालय, बाबा राधव दास मेडिकल कालेज, गोरखपुर—273013 में केवल स्पीड पोस्ट / रजिस्टर्ड डाक के माध्यम से उपलब्ध कराया जाना सुनिश्चित करें।
- अन्तिम तिथि एवं समय के पश्चात तथा अपूर्ण आवेदन पत्र स्वीकार नहीं किये जायेंगे।

Qualification and pay scale for selected candidates as Designated Professor and Designate Associate Professor:-

- 1- Designate Professor: "The requisite experience for equating a Consultant or Specialist (After possessing postgraduate medical degree in the subject) working in the concerned specialty in the minimim 300 bedded State Government/Central Government Hospitals as professor shall be more that 18 years with Four Research publication in indexed journal as 1st Author or corresponding author. Such Consultant or Specialist after joining a medical college shall be called as "Designate Professor" and on completion of three years experience in the capacity of Designate Professor such person shall be designated as "Professor" as per MCI norms.
- 2- Designate Associate Professor: "The requisite experience for equating a Consultant or specialist (after possessing postgraduate medical degree in the subject) working in the concerned specially in the minimum 300 bedded non teaching District Hospitals owened & managed by State Govt/Central Govt. as Associate professors shall be more than 10 years with Two Research publication in indexed journals as 1st Author or corresponding author. Such Consultant or Specialist after joining a medical college shall be designated as "Associate Professor"
- 3- वेतनमान आदि:— मूल विभाग से प्राप्त देयतायें, वेतन, पेंशन एवं ग्रेच्युटी आदि यथावत देय होंगी।
- 4- Designate Professor and Designate Associate Professor will be considered on deputation from their parent department.

प्रधानाचार्य / नोडल अधिकारी महर्षि देवराहा बाबा, स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया।

MAHARSHI DEVRAHA BABA AUTONOMOUS STATE MEDICAL COLLEGE, DEORIA, UTTAR PRADESH

Application Format

		vertisement Number and Date		
Po	st	t(The	Post for which the application is b	eing made)
N		te: - All information must be completed by		Self Attested
		1- Name of Applicant	엄마나 그들은 그 아이들이 그리는 지수를 가게 했다.	Photo
		2- Male / Female		
		3- Father / Husband's Name (including S		
	4-	4- Present Address of Residence (include		
		Name of the City		
		Mobile Number	Email ID	
	5-	5- Permanent address		
		Name of the City	Mobile No	
	6-	6- Aadhar card number (if Any)		
	7-	7- Date of birth (enclose the mark sheet of	of high school examination)	
	8-	8- Age of applicant as on 01-07-2020		
		9- Applicant's Marital Status- Married / I		
		10-Date of marriage-		
		11-Category: Unreserved / Scheduled Cas	ste / Scheduled Tribes / Other B	Backward
	12	12-Registration Number and Name of the		
		a- MBBS b- MD/ MS		
		c- MCU/DM		

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			3/0 11	- Tage		
2	MD/MS						
3	DM/MCH						

14-Educational experience:-

No.	Designation	From	To	Duration	Name of the Institution
1	Professor				
2	Associate Professor				
3	Asstt. Professor	30			
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	
	S.K. / Idiol / Demonstrator	

(Attach Photo Copy)

16-If candidates serving in Gove	emment/ Quasi Government or Public Sector are
advised to submit 'No Objecti	ion Certificate' from their employer at the time of andidature may not be considered.
17-Demand Draft Detail- Date	, Amount
Bank Name	, DD No
	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.

Date	Full Name and Signature of the Applicant
Place	