

Office of Director General, Medical Education and Training, Uttar Pradesh
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No:-ME-2/2018/2234

Lucknow: Dated: 21 Dec. 2018

Advertisement For the Post of Principal

Applications are invited on prescribed format from Indian Nationals for the post of Principal (one post), Autonomous State Medical College, Firozabad, having the following educational qualifications and experience -

- 1- **Age:-** The candidate must have attained the minimum age of 50 years and maximum age of 62 years on the 01st July, 2018.
- 2- He shall be a person of eminent medical and administrative experience.
- 3- **Educational Qualifications:-**

"He shall possess the recognized postgraduate medical qualification and other academic qualifications from a recognized institution with a minimum of ten years' teaching experience as Professor/ Associate Professor/ Reader in a medical College/ Institutes, out of which at least five years should be as Professor in a department.

Preference for this appointment will be given to the Head of the Department of medical college/ Institute."

- 4- **Pay Scale:-**

For the post of Principal the scale of pay would be Academic Level -14.

Entry pay- Rs. 1,44,200/- which has been fixed for principal of Government Medical Colleges as pay and allowances etc by The State Government.

- 5- **Application Fee:-**

A demand draft of Rs. 500/- (Rs. Five Hundred only) payable in favour of "Director General Medical Education and Training, U.P. Lucknow" is mandatory as application fee.

Interested Candidates are invited to send their application on prescribed format (downloadable from www.updgmte.in) along with certificates latest by 05:00 pm on 21-01-2019, to the Office of Director General, Medical Education and Training, U.P. Lucknow only by **registered / speed post**.

Applications received after due date and time and incomplete applications would not be taken into consideration.


Director General

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.

Self Attested
Photo

- 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- Adhar card number (if Any).....

7- Date of birth (enclose the mark sheet of high school examination).....

8- Age of applicant as on 01-07-2018..... Day..... Month..... 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.....

a- MBBS-

b- MD/ MS-

c- MCH/ 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						
2	MD/MS						
3	DM/MCH						

14-Educational experience:-

No.	Designation	From	To	Duration	Institution Name
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	Asstt. Professor	
4	S.R. / Tutor / Demonstrator	

(Attach Photo Copy)

16-Application Fee: Demand Draft No..... Dated
for Rs..... in favour of DGME, Lucknow is attached in original.

17-List of attached certificates.....

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 canceled.
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