### **GOVERNMENT MEDICAL COLLEGE, HANDWARA**

### Handwara, Kupwara, Kashmir

Advertisement Notice No. of of 2023

Dated: 62-02-2023

Applications are invited as per prescribed format in the following disciplines for hiring of not in-service candidates on Academic Arrangement basis under S.O. 364 of 2020 Dated. 27-11-2020 and in-service candidates shall be governed by the relevant rules as envisaged in the J&K Civil Service Rules 1979, initially for a period of one year extendable upto 03 years subject to better performance of the candidate during their 1st and 2nd years of engagement, which can be obtained from the respective HODs after completion of 1st and 2nd year of Registrarship/ Demonstratorship, as the case may be: -

| S. No. | Name of Discipline | Essential Qualification   |
|--------|--------------------|---|
| 1.     | Anatomy            | MBBS/M.Sc. (Medical Anatomy) for non-medical persons from an institution duly recognized by National medical Commission/University duly recognized by University Grants Commission.  MS/MD/Ph.D/D.Sc (Medical Anatomy) shall be given preference.   |
| 2.     | Physiology         | MBBS/M.Sc. (Medical Physiology) for non-medical persons from an Institution duly recognized by National Medical Commission/University duly recognized by University Grants Commission. (Medical Physiology) shall be given preference.  MBBS/M.Sc. (Medical Bio-chemistry) for non-medical                      |
| 3.     | Biochemistry       | persons from an institution duly recognized by National Medical Commission/University duly recognized by University Grants Commission.  MD/DNB/Ph.D/D.Sc (Medical Bio-chemistry) shall be given preference.   |
| 4.     | Pathology          | MBBS degree from an institution duly recognized by National Medical Commission. MD/DNB (pathology)/Ph.D (Pathology) shall be given preference.  |
| 5.     | Microbiology       | MBBS /M.Sc. (Medical Microbiology) for non-medical persons from an Institution duly recognized by National Medical Commission/ University duly recognized by University Grants Commission.  MD/DNB (Microbiology/Bacteriology)/Ph.D/D.Sc (Medical Microbiology/Medical Bacteriology) shall be given preference. |
| 6.     | Pharmacology       | MBBS/M.Sc. (Medical Pharmacology) for non-medical persons from an Institution duly recognized by National Medical Commission/University duly recognized by University Grants Commission.  |



| S. No. | lo. Name of Discipline Essential Qualification |   |  |  |  |  |  |
|--------|--|---|--|--|--|--|--|
| 5      |  | MD/DNB (Pharmacology)/Ph.D/D.Sc (Medical  |  |  |  |  |  |
|        |  | Pharmacology) shall be given preference.  MBBS degree from an Institution recognized by the   |  |  |  |  |  |
| 7.     | Forensic Medicine                              | National Medical Commission.  MD/DNB in Forensic Medicine shall be given preference.  |  |  |  |  |  |
| 8.     | Community Medicine                             | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB in Social & Preventive Medicine/Community Medicine shall be given preference.                       |  |  |  |  |  |
| 9.     | General Medicine                               | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Medicine)/MD/DNB (General Medicine) shall be given preference.                                     |  |  |  |  |  |
| 10.    | Tuberculosis & Respiratory<br>Diseases         | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Respiratory Diseases) shall be given preference.   |  |  |  |  |  |
| 11.    | Dermatology Venereology<br>& Leprosy           | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Dermatology and Venerology)/ MD/DNB (Dermatology, Venerology & Leprosy) shall be given preference. |  |  |  |  |  |
| 12.    | Psychiatry                                     | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Psychiatry) shall be given preference.   |  |  |  |  |  |
| 13.    | Paediatrics                                    | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Paediatrics) shall be given preference.  |  |  |  |  |  |
| 14.    | General Surgery                                | MBBS degree from an Institution recognized by the National Medical Commission. MS Surgery/DNB Surgery/MS General Surgery/DNB General Surgery shall be given preference.                   |  |  |  |  |  |
| 15.    | Orthopedics                                    | MBBS degree from an Institution recognized by the National Medical Commission. MS/DNB Orthopedics shall be given preference.  |  |  |  |  |  |
| 16.    | OTO-Rhino-Laryngology<br>(ENT)                 | MBBS degree from an Institution recognized by the National Medical Commission.  MS/DNB (Oto-Rhino Laryngology) shall be given preference.   |  |  |  |  |  |
| 17.    | Ophthalmology                                  | MBBS degree from an Institution recognized by the National Medical Commission. MS/DNB Ophthalmology shall be given preference.  |  |  |  |  |  |
| 18.    | Obstetrics and Gynecology                      | MBBS degree from an Institution recognized by the National Medical Commission.  MS/MD/DNB Obstetrics and Gynecology shall be given preference.  |  |  |  |  |  |
| 19.    | Radio-diagnosis                                | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB (Radio-Diagnosis) MS/MD/DNB (Radiology) shall be given preference.                                  |  |  |  |  |  |
| 20.    | Radio Therapy                                  | MBBS degree from an Institution recognized by the National Medical Commission. MD/DNB Radio-Therapy shall be given preference.  |  |  |  |  |  |



| s. No. | Name of Discipline                 | Essential Qualification  |  |  |  |  |  |
|--------|------------------------------------|--|--|--|--|--|--|
| 21.    | Anesthesiology                     | MBBS degree from an Institution recognized by the National Medical Commission.  MS/MD/DNB (Anesthesiology) shall be given preference.  |  |  |  |  |  |
| 22.    | Physical Medicine & Rehabilitation | MBBS degree from an Institution recognized by the National Medical Commission. MS/MD/DNB (Physical Medicine & Rehabilitation) shall be given preference.   |  |  |  |  |  |
| 23.    | Dentistry                          | BDS degree from an Institution recognized by the Dental Council of India.  MDS shall be given preference.  |  |  |  |  |  |
| 24.    | Hospital Administration            | MBBS degree from an institution recognized by the National Medical Commission. Diploma in Hospital Administration/Health Administration from an institution duly recognized by National Medical Commission/University duly recognized by University Grants Commission. |  |  |  |  |  |

Candidates interested in applying for the post of Registrar/Demonstrator at Government Medical College, Handwara should download the respective application form from Government Medical College, Srinagar Website http://www.gmcs.edu.in/ between 02-02-2023 to 17-02-2023 or the same may be collected from the Photostat Section of Government Medical College, Srinagar. The application forms should be accompanied with a non-refundable bank receipt of ₹500/- (Rupees Five Hundred) only from J&K Bank, GMC, Srinagar (account No. 0349040100007655). Application forms complete in all respects should reach to the office of the Registrar Academics, Government Medical College, Srinagar upto 17-02-2023.

#### Terms & Conditions: -

- Incomplete application form(s) in any respect or not attached with relevant certificates shall be rejected without further communications.
- Conditions for Inservice/ Not in Service Candidates: -

#### For in-service candidates: -

- The In-service doctor shall be paid salary as per their LPC.
- Applicants working in Health and Medical Education Department are required to submit their application forms along with No Objection Certificate from their parent Department without which their application forms shall not be entertained as envisaged in Government Order No. 164-HME of 2012 Dated. 02.03.2012.
- Those in-service doctors who have already completed their tenure as Registrar in any discipline need not to apply and their application forms shall not be considered.

### For Academic Arrangement Basis (AAB) Candidates: -

AAB doctors shall be paid stipend as per under S.O. 364 of 2020 Dated.
 27-11-2020.



- The application forms should be accompanied with the following self-attested copies of the documents: -
  - a. MBBS/Diploma/MD/MS/DNB/MCh./DM/BDS/MDS/ all terms marks sheet and qualification certificates of the respective specialty.
  - b. Internship certificate.
  - c. NMC/DCI/Jammu and Kashmir Medical Council Registration Certificate
  - d. Physical active field service certificate after PG/Rural service prior to PG certificate issued by the Director, Health Services, Jammu/Kashmir in respect of in-service doctors.
  - e. Attempt certificate 1<sup>st</sup>, 2<sup>nd</sup>, pre-final and Final MBBS examinations issued by the University of Kashmir concerned.
  - f. Distinction/National Scholarship/Honors/Medals/Academic Merit certificates.
  - g. House Officer (House job) experience certificate issued by the Principal concerned or equivalent recognized authority.
  - h. Diploma certificate/postgraduate degree certificate.
  - i. Date of Birth Certificate
  - j. Professional publications in a standard medical journal, if any.
- The candidates must produce an Affidavit duly attested by the Judicial Magistrate declaring that: -
  - the applicant has not done Registrar-ship/Sr. Residency earlier within or outside J&K Union Territory (only for In-service candidates).
  - he/she is a Not In-service candidate (the information if found wrong he/she shall be punished under Rules) (only for not In-service candidates).
- The selected candidate must submit an affidavit to the effect that he/she is not on the rolls of any Medical Colleges/Institutions of the country, which is pre-requisite in terms of NMC norms.
- 6. Maximum age for eligibility to apply shall be 50 years as on 01-02-2023
- The Competent Authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice.
- The decision of the competent authority regarding selection of candidates will be final and no representation will be entertained in this regard.
- Separate application form is to be filled for each post and fee is to be deposited separately for each post, applied for.
- 10. In case of any declaration by the candidate is found false or if the candidate has willfully suppressed any material/information relevant to his/her appointment, his/her selection will be cancelled ab-intio liable for action as Warranted under rules.



- 11. Candidates meeting the eligibility criteria and producing all the prescribed documents will be called for interview.
- 12. There shall be a waiting list which shall remain in force for a period of six month from the date of issue of the selection list.
- 13. In terms of S.O. 364 of 2020 Dated. 27-11-2020, the appointment on Academic Arrangement Basis of the appointee shall be terminable on either side by a prior notice of one month or on payment of one month's salary by the appointing authority.
- 14. The selection of the candidates will be made on the basis of combined academic merit and performance at the interview.

No TA/DA will be admissible for appearing in interview.

Principal Government Medical College Handwara

No: GMC/R/D/Adv/ 05 Copy to the:-

Dated. 02-02-2023

- Secretary to Govt., Health & Medical Education Department, Civil Secretariat, Jammu/Srinagar, for information.
- 2. Principal/Dean, Government Medical College, Srinagar.
- 3. Director, Health Services, Kashmir/Jammu for information.
- 4. Director Doordarshan/Radio Kashmir Srinagar with the request that the aforementioned notification may kindly be broadcasted/telecasted in the respective rozgar bulletin.
- Joint Director Information with the request that this notification may kindly be got published in the prominent local dailies of the UT of Jammu and Kashmir.
- 6. Registrar, Government Medical College, Srinagar for information.
- 7. Chief Accounts Officer, Govt. Medical College, Srinagar for information.
- 8. Medical Superintendent District Hospital, Handwara for information.
- Website I/C with the direction that the said notification may be uploaded on the official website Government Medical College, Srinagar.

# GOVERNMENT MEDICAL COLLEGE, HANDWARA

|           | ether I   | nservice Not Inser   | vice Advertisement No  |                               | Dated                           |   |  |  |  |  |  |  |  |
|-----------|---|--|--|-------------------------------|---------------------------------|---|--|--|--|--|--|--|--|
| <u>IN</u> | BLOC  | K LETTERS ONLY)  |  |                               | -                               |   |  |  |  |  |  |  |  |
| 01        | . Teni  | Tenure Post of <u>Registrar</u> Department   |  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   | Name of the Candidate Dr. Mr. / Ms. /  |  |                               |                                 |   |  |  |  |  |  |  |  |
| 03        | . Fath  | Father's NameSelf attested   |  |                               |                                 |   |  |  |  |  |  |  |  |
| 04        | Permanent Address: Village/Street Mohalla           |  |  |                               |                                 |   |  |  |  |  |  |  |  |
|           | Tehs  | Tehsil Pin Code  |  |                               |                                 |   |  |  |  |  |  |  |  |
| 05        | . Pres  |  |  |                               |                                 |   |  |  |  |  |  |  |  |
|           | Tehs  | sil  | _ District   | Pin Code                      | )                               |   |  |  |  |  |  |  |  |
| 06        |   | ther domicile of J&K Yes   |  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   |  | Cell Pho   | one No.                       |                                 |   |  |  |  |  |  |  |  |
|           |   |  | Y Y Y Y In Words   |                               |                                 |   |  |  |  |  |  |  |  |
|           |   | of Publication(s)  |  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   |  | es, then specify   |                               |                                 |   |  |  |  |  |  |  |  |
|           |   |  | S (in figure) (in words)_  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   |  | se Job fromto  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   |  | Field Services (Certificate issue  |                               |                                 |   |  |  |  |  |  |  |  |
|           |   | •  | tion ID No.  | •                             |                                 | ,   |  |  |  |  |  |  |  |
|           |   | •  |  | Batoc                         | <b>'</b>                        |   |  |  |  |  |  |  |  |
|           | S.  | lilo of Eddodion Qualified   |  | A4                            | Marks                           | 15. Details of Education Qualification: -         |  |  |  |  |  |  |  |
|           | •   |  |  |                               |                                 |   |  |  |  |  |  |  |  |
|           | No.   | Examination Passed   | Name of the University from which Passed                                       | Max.<br>Marks                 | Obtained                        | %age  |  |  |  |  |  |  |  |
|           |   | Examination Passed MBBS  | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| =         | No.<br>01.<br>02.                                   | MBBS<br>MD / MS  | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| =         | No.<br>01.<br>02.<br>03.                            | MBBS MD / MS DM / M. Ch in Specialty   | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| :<br>:    | No.<br>01.<br>02.<br>03.<br>04.                     | MBBS MD / MS DM / M. Ch in Specialty DNB in Specialty  | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| =         | No.<br>01.<br>02.<br>03.<br>04.<br>05.              | MBBS MD / MS DM / M. Ch in Specialty   | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| =         | No.<br>01.<br>02.<br>03.<br>04.<br>05.              | MBBS MD / MS DM / M. Ch in Specialty DNB in Specialty Diploma  | •  |                               |                                 | %age  |  |  |  |  |  |  |  |
| =         | No. 01. 02. 03. 04. 05. 06.                         | MBBS MD / MS DM / M. Ch in Specialty DNB in Specialty Diploma  ration: hereby declare that the states  | •  | Morks  correct to th          | Obtained  e best of my k        | nowledge and                                      |  |  |  |  |  |  |  |
| 2         | No. 01. 02. 03. 04. 05. 06.  Declo                  | MBBS MD / MS DM / M. Ch in Specialty DNB in Specialty Diploma  ration: hereby declare that the states  | which Possed  ments in this application are true and                           | Morks  correct to th          | Obtained  e best of my k        | nowledge and                                      |  |  |  |  |  |  |  |
|           | No. 01. 02. 03. 04. 05. 06. Declor of my            | MBBS  MD / MS  DM / M. Ch in Specialty  DNB in Specialty  Diploma  ration: hereby declare that the stater I understand that any willful in                                     | which Possed  ments in this application are true and                           | Morks  correct to th          | Obtained  e best of my k        | nowledge and                                      |  |  |  |  |  |  |  |
| 2         | No. 01. 02. 03. 04. 05. 06. Declor of my            | MBBS  MD / MS  DM / M. Ch in Specialty  DNB in Specialty  Diploma  ration: hereby declare that the stater I understand that any willful in a candidature.                      | which Possed  ments in this application are true and                           | correct to th                 | e best of my kation result in t | nowledge and                                      |  |  |  |  |  |  |  |
| 2         | No. 01. 02. 03. 04. 05. 06. Declor I I belief of my | MBBS  MD / MS  DM / M. Ch in Specialty  DNB in Specialty  Diploma  ration: hereby declare that the stater I understand that any willful in candidature.  No. of Enclosures ( ) | ments in this application are true and misrepresentation of facts and concealn | correct to the                | e best of my kation result in t | enowledge and the cancellation                    |  |  |  |  |  |  |  |
| De        | No. 01. 02. 03. 04. 05. 06. Declor I I belief of my | MBBS  MD / MS  DM / M. Ch in Specialty  DNB in Specialty  Diploma  ration: nereby declare that the stater I understand that any willful recandidature.  No. of Enclosures ( )  | ments in this application are true and misrepresentation of facts and concealm | correct to the nent of inform | e best of my kation result in t | enowledge and the cancellation  Candidate  in the |  |  |  |  |  |  |  |

Seal & Signature of Competent Authority

## GOVERNMENT MEDICAL COLLEGE, HANDWARA

| Whet        | ther I   | nservice No             | t Inservice         | Advertisement No                  |                 | Dated_            |                |
|-------------|--|-------------------------|---------------------|-----------------------------------|-----------------|-------------------|----------------|
| <u>IN E</u> | BLOC   | K LETTERS ONL           | <u>-Y)</u>          |                                   |                 |                   |                |
| 01.         | 1. Tenure Post of <u><b>Demonstrator</b></u> Department Photograph |                         |                     |                                   |                 |                   |                |
| 02.         | Name of the Candidate Dr. Mr. / Ms. /                              |                         |                     |                                   |                 |                   | elf attested   |
| 03.         | Father's Name  |                         |                     |                                   |                 |                   |                |
| 04.         | . Permanent Address: Village/Street Mohalla                        |                         |                     |                                   |                 |                   |                |
|             | Tehsil District Pin Code   |                         |                     |                                   |                 |                   |                |
| 05.         | 05. Present Address: Village/Street Mohalla                        |                         |                     |                                   |                 |                   |                |
|             | Tehs   | sil                     | Distri              | ct                                | Pin Cod         | le                |                |
| 06.         | Whe  | ther domicile of J      | &K Yes              | No 🔲                              |                 |                   |                |
| 07.         | Ema  | il ID                   |                     | Cell F                            | hone No         |                   |                |
| 08.         | Date   | of Birth D D            | M M Y Y             | Y Y In Words                      |                 |                   |                |
| 09.         | No.  | of Publication(s) $\_$  | (enc                | osed)                             |                 |                   |                |
| 10.         | Are y  | you a position hold     | der, if yes, the    | n specify                         |                 |                   |                |
| 11.         | Tota   | l No. of Attempts i     | in MBBS (in fig     | gure) (in words)                  |                 |                   |                |
| 12.         | Tota   | I period of Full tim    | e House Job f       | romto                             | To              | otal period       | Months.        |
| 13.         | Tota   | I period of Rural S     | Service (Certific   | cate issued by Director I         | Health Servi    | ices)             | •              |
| 14.         | Bank   | k Receipt/Online T      | ransaction ID       | No                                | Date            | ed                |                |
| 15.         | Deta   | ils of Education Q      | ualification: -     |                                   |                 |                   |                |
|             | S.<br>No.  | Examination<br>Passed   | Name of the         | e University from which<br>Passed | Max.<br>Marks   | Marks<br>Obtained | %age           |
|             | 01.  | MBBS /M.SC.             |                     |                                   |                 |                   |                |
| F           | 02.<br>03.   | MD/MS/Ph. D<br>DNB in   |                     |                                   | <u> </u>        |                   |                |
|             | US.  | Specialty               |                     |                                   |                 |                   |                |
|             | 04.  | Diploma/M. Phil         |                     |                                   |                 |                   |                |
| L           | 05.  |                         |                     |                                   |                 |                   |                |
| <u>Note</u> |  | ase of Microbiology     | y/Biochemistry      | /Pharmacology/Physiolo            | ogy candida     | ites having M     | . Sc/Ph.D.     |
| sha         | II be e  | entitled for their re   | served quota,       | under Rules.                      |                 |                   |                |
| Decl        | <u>aratior</u><br>I here   |                         | tatements in this   | application are true and corr     | ect to the best | t of my knowled   | dge and helief |
|             |  | nd that any willful mi  |                     | f facts and concealment of i      |                 |                   |                |
|             | Total  | No. of Enclosures (     | )                   |                                   |                 |                   |                |
|             |  |                         | <u>Foi</u>          | · In-service Candidat             | <u>:es</u>      | Signature         | of Candidate   |
|             | Certif   | fied that               |                     | holds the post                    | of              |                   | in the         |
| Depa        | Department/Institution of since This Department shall have no      |                         |                     |                                   |                 |                   |                |
| obje        | ction i  | n relieving the applica | ant if he/she is se | lected for the post.              |                 |                   |                |