



AUTONOMOUS STATE MEDICAL COLLEGE SOCIETY

DOLATAPUR, JALESAR ROAD, FIROZABAD

<https://www.asmcfirozabad.edu.in>

E-mail-gmcfirozabad@gmail.com



Ref.: -FZD/2024/.....

Date:- 27/07/2024

WALK-IN-INTERVIEW

The Nodal Centre of A.R.T. Project, ASMC, Firozabad under Uttar Pradesh State AIDS Control Society and NACO invite application for the following posts through **Walk-in-Interview** on **20.08.2024 at 10:00 AM**. Initial appointment is only contractual for one year and will be renewed if required on satisfactory work & Conduct.

S.No.	Post	Qty	Qualification	Contractual Payment
1.	Medical Officer	01 (One)	Essentially be an MBBS with Valid Registration from the respective State Medical Council/NMC and Six Month Experience.	As per Uttar Pradesh State AIDS Committee rules.

Note : 1. Preference will be given to the candidates is being past experience. The following documents are necessary to provide with the application form –

1. Attested photocopies of all relevant documents by Gazetted Officer.
2. Attested photocopy of Domicile.
3. Two Character Certificate attested by Gazetted Officer/Jan Pratinidhi.
4. A self addressed envelope suffixed (Speed post / Registered) postal stamp.
5. *Basic knowledge of Computer, MS Office is essential for this post.*
6. *Performa for the post is attached with this notice.*


PRINCIPAL
AUTONOMOUS STATE MEDICAL COLLEGE
FIROZABAD
Autonomous State Medical College
Firozabad

AUTONOMOUS STATE MEDICAL COLLEGE SOCIETY, FIROZABAD

Application For The Post of Medical Officer

Note:- All information must be completed by the applicant.

- 1- Name of Department :.....
- 2- Name of Applicant (Block Letter).....
- 3- Sex (Male / Female).....
- 4- Father / Husband's Name (including Surname).....
- 5- Present Address of Residence (including PIN code).....
- Mobile Number..... Email ID.....
- 6- Permanent address.....
- Mobile Number..... Email ID.....
- 7- Aadhar card number (if Any).....
- 8- Date of birth (enclose high school mark sheet)..... as on 01-07-2024.....
- 9- Category: Unreserved / SC / ST / OBC / EWS / Disabled.....

Self Attested
photo

(Attach photocopy of certificate issued by competent authority for reserved category)

- 10- Registration Number and Name of the Medical Council and Date.....
- a. MBBS:-
- b. MD / HIV & AIDS Programme
- c. Others

11- Educational Qualifications: (Enclose attested photo copies of certificates and marks sheets)

No.	Name of the Examination	Institution / Board University	Year of passing	Subject	Marks Obtained / Max Marks	Total Marks / Percentage	No. of attempts	Work and Conduct
1	MBBS/ MSc.							
2	MD/HIV & AIDS Programme							
3	Other Qualification							

- 12- a) Present Employment post held since (if any).....
- b) If yes, Address of the present employer.....
- 13- Inquiry to any or disciplinary action pending / taken during the study period at the medical college.....

Note: Enclosed document in support of information given on SI. No. 7,8,9,10,11 and 12.

DECLARATION BY THE CANDIDATE

I have declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not supported any material, facts of factual information. I have never been debarred from appearing at any examination. I understand that my candidature is liable to rejected in the event of any miss-statement/discrepancies in the particulars being detected and after my appointment in such an event. My service are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation. If at any stage of my selection, my ineligibility for candidature is cancelled as a result thereof.

No of Enclosure:

Place:

Date:

(Full a Name and Signature of the Candidate)