

Office of the CEO & Dean
Shyam Shah Medical College, Rewa (M.P.)

No. ¹⁵⁵³⁰ /Estt./Gazz/M.C./Adv./2022

Rewa, Dated... 12/7/22

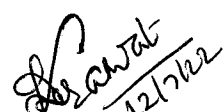
ROLLING ADVERTISEMENT

Under the rules of the " Madhya Pradesh Super Speciality Hospital Chikitsa Shikshak Adarsh Seva Niyam-2018 and Madhya Pradesh Swashasi Chikitsa Mahavidhyalaya Chikitsakiya Seva Adarsh Niyam-2018", Super Speciality Hospital, Rewa associated with S.S. Medical College Rewa, invites applications for various vacant posts (with backlog) of teaching/medical cadre through direct recruitment. The details are as follows :

S. No	Subject	Professor				Associate Professor				Assistant Professor			
		UR	OBC	ST	SC	UR	OBC	ST	SC	UR	OBC	ST	SC
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Anaesthesia	-	-	-	-	-	-	-	-	-	1	-	-
2	Anaesthesia (CVTS)	1	-	-	-	1	-	-	-	1	1	-	-
3	Anaesthesia (Neurosurgery)	-	-	-	-	1	-	-	-	-	1	-	-
4	Neurology	1	1	1	-	1	1	1	-	3(1F)	1	1	1
5	Neurosurgery	1	1	1	-	-	1	1	-	-	1	1	1
6	Electrophysiology Cardiology	1	-	-	-	-	-	-	-	-	-	-	-
7	Paediatric Cardiology	1	-	-	-	1	-	-	-	1	1	-	-
8	Interventional Cardiology	1	-	-	-	-	-	-	-	-	-	-	-
9	Nephrology	1	1	1	-	1	1	1	-	2	1	1	1
10	Urology	1	1	1	-	-	1	1	-	1	1	1	-
11	Neonatology	1	1	1	-	1	1	1	-	3(1F)	1	1	1
12	Cardiac Surgery	1	1	1	-	-	1	1	-	3(1F)	-	1	1
13	Radiodiagnosis	1	-	-	-	1	-	-	-	1	1	-	-
Total		11	6	6	-	7	6	6	-	15	10	6	5
		UR	OBC	ST	SC								
General Duty Medical Officer (GDMO)		-	-	1	-								

- Application fee as DD in favour of " CEO & Dean SSMC Rewa" payable at Rewa for UR candidates is Rs.1000/- and Rs. 750/- for reserved category candidates.
- Interview will be conducted on every Fourth Thursday of the Month. In case of Govt. holiday, interview will be conducted on next working day.
- Interview will be subject to availability of atleast 03 applications on cummulative basis.
- Information of regarding interview dates shall be communicated 07 days prior to the candidates.
- Vacany position will be updated on 5th day of every month. Number of posts may be increased or decreased. This advertisement will be valid upto 31.12.2022.

For details of advertisement, application form and selection process keep in touch with www.ssmcrewa.com


 12/7/22
CEO & Dean
S.S. Medical College
Rewa (M.P.)

12/07/22
 12/7/22

सुपर स्पेशलिटी हॉस्पिटल रीवा में प्राध्यापक/सह-प्राध्यापक/सहायक प्राध्यापक के पद पर
चयन हेतु निर्धारित मापदण्ड

अति-विशेषज्ञता विषय के प्राध्यापक/सह-प्राध्यापक/सहायक प्राध्यापक पद हेतु :-

1. एम.बी.बी.एस. में प्राप्तांको के प्रतिशत का 10 प्रतिशत, अधिकतम 10 अंक (प्रति अतिरिक्त प्रयास 2 अंक घटाया जावेगा)।
2. एम.सी.आई. द्वारा मान्यता/अनुमति प्राप्त चिकित्सा महाविद्यालय से पी.जी. डिग्री-एम.डी/एम.एस./डी.एन.बी. (एम.डी./एम.एस. के समतुल्य माने गये) हेतु 15 अंक (प्रति अतिरिक्त प्रयास 5 अंक घटाया जावेगा)।
3. एम.सी.आई. द्वारा मान्यता/अनुमति प्राप्त चिकित्सा महाविद्यालय से सुपर स्पेशलिटी डिग्री-डीएम/एमसीएच/डी.एन.बी. अतिविशेषज्ञता हेतु अधिकतम 30 अंक (प्रति अतिरिक्त प्रयास 5 अंक घटाया जावेगा)।
4. डी.एम./एम.सी.एच./डी.एन.बी. अतिविशेषज्ञता डिग्री उपरांत आवेदित पद हेतु निर्धारित न्यूनतम अनुभव के अतिरिक्त एम.सी.आई./एन.एम.सी. द्वारा मान्यता प्राप्त चिकित्सा महाविद्यालय से प्राप्त अनुभव हेतु प्रति एक पूर्ण वर्ष के लिये 2 अंक, अधिकतम 10 अंक।
5. संबंधित विषय में न्यूनतम 6 माह के फेलोशिप/अन्य योग्यता हेतु 5 अंक।
6. सुपर स्पेशलिटी विषय के प्रशिक्षण अवधि अथवा उसके पश्चात् संबंधित पद हेतु एम.सी.आई. के निर्धारित न्यूनतम मापदण्ड के अतिरिक्त प्रति पब्लिकेशन 2 अंक, अधिकतम 10 अंक।
7. साक्षात्कार हेतु 20 अंक।

S. Rawat
12/07/22

मुख्य कार्यपालन अधिकारी एवं अधिष्ठाता
श्याम शाह चिकित्सा महाविद्यालय, रीवा (म.प्र.)

R. Divedi
12/07/22

APPLICATION FORM

Affix your
recent
passport
size
photograph

1. Advertisement no. and Sl. No. of the Post:
2. Post Applied for:Category.....
3. Name (in block letter) :
4. Father's Name :
5. Candidate's Category (UR/SC/ST/OBC/EWS/Physically Handicapped) :
6. Date & Place of Birth (attach proof) :
7. Nationality :
8. Marital Status :
9. Date of Marriage :
10. Address for Correspondence (with Phone no and Email ID):
.....
.....
.....
11. Permanent Address :
.....
.....
.....
12. Adhar card No. :
13. Age as on 01-07-2021 : Year _____ Month _____ Day _____

14. Medical Council Registration :

Degree	Name of Medical Council	Registration Number	Date of Registration
MBBS			
MD/MS			
MCH/DM			

15. Qualifications : (Self attested photocopies certificates & marksheets)

Exam Passed	Board/ University	Year of Passing	Subject	Marks obtained/ Total Marks	Percentage	Attempts (if any)

16. Experience (if any):

S.No.	Post	Institution	From	To	Total Experience
1	Professor				
2	Associate Professor				
3	Assistant Professor				
4	Tutor				
5	Present work/Designation _____				

17. Publications :

S.No.	Post	Research Publications
1	Professor	
2	Associate Professor	
3	Assistant Professor	
4	Tutor	

18. Any other relevant information :

Date :

Place :

Name & Signature

Declaration

I Dr. hereby certify that the fore-going information is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. In case, I have given wrong information or suppressed any material fact or factual information, then my service are liable to be terminated without giving any notice or reason thereof.

I have not been indulge in any criminal activities and no judicial cases are pending with me.

Date :

Place :

Name & Signature