

# GOVERNMENT MEDICAL COLLEGE & ASSOCIATED HOSPITALS JAMMU

Fax No. 0191-2584234

Ph. No. 0191-2584247



Email: pmcjammu@gmail.com

**ADVERTISEMENT No.: 02**

**DATE : 07-12-2018**

Applications on plain paper as per performa are invited from eligible candidates for engagement on **Academic Arrangement Basis under SRO-384 of 2009 dated: 14-12-2009 read with SRO-409 of 2013** against the following vacant posts (**Divisional Cadre Jammu**) in Govt. Medical College, Jammu & its Associated Hospitals **for a period of one year extendable upto maximum of six years** (One year at a time and further extension subject to good performance and conduct) or till the posts are filled on substantive basis in accordance with Rules of Recruitment governing the posts, whichever is earlier.

S. No.	Name of post	Pay Scale	Vacancies	Eligibility
1.	X-Ray Assistant	5200-20200+ 2400	18	10+2 or above qualification with Diploma in the line from Recognized Institute.
2.	Lab. Assistant/ Sr. Lab. Assistant	5200-20200+ 2400	25	10+2 with two years Diploma in Medical Lab. Technology/ Lab. Assistant training from a Recognized Institute.
3.	Injector	5200-20200+ 1900	02	10+2 or equivalent qualification with required training in the line.

- Receipt of application forms w.e.f. = 08-12-2018
- Last date for receipt of application forms = 17-12-2018
- Timing for Receipt of forms = 11.00 a.m. to 03.00 p.m.
- Documents to be attached along with application form:-
  - a. State Subject Certificate.
  - b. Date of Birth Certificate.
  - c. Qualification certificate (Academic & Technical).  
(Mark sheets of all years/semesters)
  - d. Category Certificate, if any.
  - e. Experience Certificate, if any.
- **For the post of Injector:** Preference shall be given to the candidates who possess 2 Years diploma in the training of Medical Assistant/Pharmacist from a Recognized Institute.
- Terms and conditions:-
  - a) Age at the time of application:-  
Minimum: 18 years.  
Maximum: 63 years.
  - b) These appointments shall not entitle the appointee to any preferential claim for regularization/regular appointment under normal process of selection/appointment.
  - c) The services of an appointee under these rules shall be terminable before the expiry of the tenure of appointment with one month's notice from either side.
  - d) The number of posts can increase or decrease as per the requirement of the Institution without any further notice.

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- e) The selection Committee reserves the right not to fill up any post in case Administrative exigency so demands.
- f) The provisions of the J&K Reservation Act and Rules made there-under shall govern the selections.
- g) Conditions of Service in the matter of discipline and conduct of appointee shall be governed by the Rules, regulations and orders in-vogue under the J&K State Civil Services Rules.
- h) No weightage shall be given to higher qualification other than the required.
- i) The application should be on A4 size paper and all the entries in the application form should be in computer typed form, not hand written.
- j) The application form duly filled and completed in all respects should be deposited in person or through registered post in the office of the Personnel Officer, Associated Hospitals, GMC, Jammu.
- k) Application form found incomplete in any manner during the scrutiny of applications shall be rejected without any prior notice to the applicant.
- l) Applicant found having made any incorrect or false statement, suppressing material information shall render himself/ herself liable for criminal proceedings.
- m) No application shall be entertained after last date of submission of application form, even by post.
- n) Remuneration: In case of retired Government official, last pay drawn minus pension and commuted portion of pension, subject to minimum total emoluments (Including pension and commuted portion) being equal to the Revised basic pay corresponding to minimum of the pre-revised scale of the post as per SRO-93 dated: 15-04-2009 + Dearness Allowance.
- o) Along with application, enclose a self addressed envelope affixed with postal stamp worth Rs. 5/-
- p) The Date of Interview shall be notified separately.

The application form can be downloaded from the website of GMC, Jammu i.e.  
[www.gmcjammu.nic.in](http://www.gmcjammu.nic.in)

Dr. Sunanda Raina,  
Principal & Dean

Dated: 07-12-2018

No: AHJ/2018/ 4137 - 40

Copy to the:-

1. Principal Secretary to the Government, Health & Medical Education, Civil Secretariat, Jammu.
2. Joint Director, Information Dept., Jammu with the request to publish the same in at least two leading news papers of Jammu.
3. In-charge, website, GMC, Jammu with the request to post the same on the website.
4. Office Copy.

**APPLICATION FOR ENGAGEMENT ON ACADEMIC ARRANGEMENT BASIS  
UNDER SRO-384 OF 2009 DATED: 14-12-2009 READ WITH SRO-409 OF 2013.**

1. Post Applied for: \_\_\_\_\_
2. Advertisement Notice No. & Date: \_\_\_\_\_
3. Name of the Applicant: \_\_\_\_\_
4. Male \_\_\_\_\_ Female \_\_\_\_\_ (v)
5. Father's Name: \_\_\_\_\_
6. Mother's Name: \_\_\_\_\_
7. Date of Birth as in Matriculation Certificate: \_\_\_\_\_
8. Permanent Address:  
House No./ Ward No./Street/Mohalla/Village: \_\_\_\_\_  
Post Office: \_\_\_\_\_ Tehsil: \_\_\_\_\_ District: \_\_\_\_\_ PIN Code: \_\_\_\_\_
9. Postal address (If different from Permanent Address):  
\_\_\_\_\_
10. Name & Address of the Husband of female candidates , if married:  
\_\_\_\_\_
11. Contact No. \_\_\_\_\_ Email: \_\_\_\_\_
12. Are you a permanent resident of J&K State \_\_\_\_\_ (Yes/No)
13. Category: OM/ST/SC/ALC/RBA/OSC/Physically Challenged/Ex-Servicemen: \_\_\_\_\_
14. Qualification:

SPACE FOR SELF  
ATTESTED  
PHOTOGRAPH

Examination Passed	Year of Passing	Roll. No.	Name of Board/ Institute	Maximum Marks	Marks Obtained	% of Marks
Academic (10+2)						
Technical (Name of Diploma/ Training)				-		

**Self Declaration:-**

- a) I hereby declare that the information provided in the application is true and correct to the best of my knowledge & belief.
- b) I undertake that any miss representation of facts and concealment of information shall result in the cancellation of my candidature.

Dated: \_\_\_\_\_

Signature of the Candidate

OFFICE USE ONLY / RECEIPT OF APPLICATION FORM

Advertisement Notice No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

S/D/W/O \_\_\_\_\_

Dated: \_\_\_\_\_