



## **Dr. Ram Manohar Lohia Institute of Medical Sciences**

Vibhuti Khand, Gomti Nagar, Lucknow-226010(U.P.) India  
Ph No.0522- 6692000, 6692101,6692120 Website- [www.drrmlims.ac.in](http://www.drrmlims.ac.in)

AdvertisementNo.-2256/Rect-F/ER/DrRMLIMS/2022

Dated: 30.08.2022

### **Short Term Advertisement for the post of Professor, Gastro Medicine on Deputation Basis**

Dr. Ram Manohar Lohia Institute of Medical Sciences, Gomti Nagar, Lucknow invites applications from eligible Indian citizens for the appointment on deputation basis on the teaching post of Professor, Department of Gastro Medicine. For detailed information, downloading Application form and subsequent updates, kindly visit the Institute website- [www.drrmlims.ac.in](http://www.drrmlims.ac.in)

**Note:** Last date for receipt of applications by Speed Post is **21.09.2022** till 05.00 PM

**Director**

*S. Nityanand*



**Dr. Ram Manohar Lohia Institute of Medical Sciences,  
Vibhuti Khand, Gomti Nagar, Lucknow-226010**

Ph No.0522- 4918504, 509 Fax No.- 0522- 4918506,  
Website- www.drmlims.ac.in, E-mail-directordrmlims@gmail.com

No. 2256 /Rect-F/ER/RMLIMS/2022

Dated: 30 August, 2022

**Short Term Advertisement for the post Professor, Gastro Medicine  
on Deputation Basis**

**Dr. Ram Manohar Lohia Institute of Medical Science, Lucknow (DrRMLIMS)** is an Autonomous Institute, established by the Government of Uttar Pradesh by an Act of UP Legislature on the lines of AIIMS, New Delhi.

**DrRMLIMS invites applications from eligible Indian citizens for the appointment to post of Professor, Department of Gastro Medicine on deputation basis.**

Last date for receipt of applications by Speed Post	21 September 2022
Cut-off Date for determining the Qualification & experience and age limit	Last date of application submission
Web link to see advertisement information and application form	<a href="https://drmlims.ac.in">https://drmlims.ac.in</a>

**Number of Post to be filled up:**

S. No.	Department	Professor	Age, Pay and allowances
1.	Gastro Medicine (Medical Gastroenterology)	1	As per UP Govt Rules

**Eligibility Criteria and Experience:**

- A medical qualification included in the first or second schedule or Part II of the third schedule of the Indian Medical Council Act, 1956. Persons possessing qualifications included in part II of the third schedule of the said Act shall also fulfill the conditions specified in sub-section (3) of section 13 of the said Act.
- A total of 11 years of teaching and/or research experience at a recognized teaching institution, after the obtaining DM degree of 3 years (or 6 years direct DM degree) duration or 12 years of teaching and/ or research experience, after obtaining the degree of DM degree of 02 years (or 5 years direct DM degree) duration in concerned specialty; as on last date for submission of applications.
- In addition to above, the candidate should also fulfill the Minimum Qualifications for Teachers in Medical Institutions Regulations as laid down by the erstwhile Medical Council of India, New Delhi/National Medical Commission, New Delhi, as amended from time-to-time and in force as on the last date of submission of application against this advertisement.
- Publications and other Training requirements:** As per NMC/erstwhile MCI norms, as amended from time-to-time and in force as on the last date of submission of application against this advertisement.
- All above experience should have been completed in the subject of specialty, applied for, at NMC/erstwhile MCI permitted/approved/recognized medical college/institution.

**GENERAL TERMS & CONDITIONS**

- Age, experience, and all other eligibility conditions will be counted as on the last date of submission of application.
- The appointee shall be on the whole-time appointment of the Institute and shall not accept any other assignment, paid or otherwise and shall not engage himself/herself in private practice of any kind.
- In case suitable candidate is not found, the post may be downgraded on the recommendations of the Selection Committee.
- Exceptionally qualified candidates having meritorious records and/or specialized experience in relevant field/thrust area or higher qualifications shall be preferred.
- Candidates not registered with the NMC/erstwhile MCI or Medical Council Uttar Pradesh, if





# Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand, Gomti Nagar, Lucknow-226010

Ph No.0522- 4918504, 509 Fax No.- 0522- 4918506,  
Website- [www.drrmlims.ac.in](http://www.drrmlims.ac.in), E-mail-[directordrrmlims@gmail.com](mailto:directordrrmlims@gmail.com)

selected, need to get registered (all UG, PG and SS PG degrees) with either of the above bodies before joining. Proof of such application shall have to be submitted at the time of joining along with other state registration.

6. If, at any stage, it is found that any desired/necessary information is suppressed or misrepresented by the candidate, his/her candidature can be cancelled and other appropriate action like countervailing etc. can be initiated against him/her.

## TERMS & CONDITIONS – DEPUTATION

1. Candidates, fulfilling eligibility criteria in all respects and working in eligible Govt Medical Teaching Institutions that are recognized by the NMC/erstwhile MCI, can apply through proper channel. They can submit advanced copy of the application by last date. However, they must bring NOC from the current employer with signed application through proper channel at the time of interview.
2. The period of deputation shall ordinarily be for 3 years extendable up to 5 years or age of superannuation whichever is earlier.
3. The Application Form shall be accompanied by all the required documents for Age, qualifications, experience, publications, etc.

## HOW TO APPLY

1. The detailed advertisement and subsequent communication/updates related to this advertisement shall be available on the Institute's website [www.drrmlims.ac.in](http://www.drrmlims.ac.in).
2. The detailed information and application form can be found/downloaded from the Institute website [www.drrmlims.ac.in](http://www.drrmlims.ac.in).
3. Candidates will have to produce, original copies of all certificates in support of all the claims made regarding their candidature in the application form and self-attested copies of their certificates, as per the instructions of the institute at the time of interview.
4. **Application Fee: Rs. 2000.00** (Rupees Two Thousand only) is to be paid. Enclose a bank draft of Rs. 2000/- in favour of '**Finance Controller, RMLIMS, Lucknow, payable at Lucknow**, which will be non-refundable. Envelop should be super scribed with the Advertisement No. and name of the post. Applications should be addressed to The **Director, Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand, Gomti Nagar, Lucknow-226010** and should be sent by **Registered Post/Speed Post Only**.

## General Instructions:

1. Incomplete applications will not be considered and will be rejected summarily. The Institute shall not be responsible if application of any candidate is rejected based on incomplete or faulty information furnished in the application form.
2. The candidature would be cancelled if found to be involved in acts of misconduct, suppression of any important information, pending prosecution/criminal suit, conviction, having more than one living wife/wife of a person with more than one living wife, misrepresenting facts and making recommendations regarding the selection of candidates. The Institute will have the right to debar the candidate from this recruitment and all further recruitment and selections of the Institute.
3. The candidate will be required to possess the advertised essential qualifications, experience by the last date of application.
4. Candidates should go through the detailed advertisement carefully and apply for the post only if they are eligible for the post as per the conditions of the advertisement. They should satisfy themselves regarding their eligibility for the post applied and must fulfil all the eligibility criteria as on the last date of submission of application, failing which their application will be rejected and application fee shall not be refunded.
5. Candidates must fill in the application form as per the procedure given in the advertisement. At the time of interview, the candidate **MUST** bring duly signed self-attested photocopies of all the documents related to age, educational qualification, medical registrations, experience,



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Vibhuti Khand, Gomti Nagar, Lucknow-226010**

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publications, category, other academic and research activities, awards, orations, etc. **Most important: NOC from the current employer.**

6. Applications will not be accepted in any case after the last due date and time.
7. Only eligible candidates shall be called for Interview.

**Other Conditions:**

- (a) Canvassing of any kind will lead to disqualification. The prescribed qualification is minimum and mere possessing the same does not entitle any candidate for selection.
- (b) The candidate should not have been convicted by any Court of Law.
- (c) The selected candidate is expected to conform to the rules of conduct and discipline as applicable to the Institute employees.
- (d) In case, any information or declaration given by the candidate is found to be false or if the candidate has wilfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and/or any action taken as deemed fit by the appointing authority.
- (e) The decision of the competent authority regarding the selection of candidates will be final and no representation will be entertained in this regard.
- (f) Incomplete applications in any aspect will be summarily rejected.
- (g) The Director, Dr. RMLIMS reserves the right of any amendment, cancellation, and changes to this advertisement or subsequent appointment letter in whole or in part without assigning any reason or giving notice.
- (h) Joining of selected candidates is subject to his/her being declared medically fit by the competent Medical Board constituted by the Institute.
- (i) In case of any inadvertent mistake in the process of selection which may be detected at any stage even after the issue of appointment letter/joining by the candidate, the Institute reserves the right to modify/withdraw/cancel any communication/offer made to the candidate.
- (j) The applicant will be responsible for the authenticity of all the information and documents submitted by him/her along with the application form. Submission of any false and/or suppression/concealment of facts shall lead to rejection/cancellation of selection/recruitment of the applicant.
- (k) No TA/DA will be paid for appearing in the interview.
- (l) No correspondence/queries will be entertained from candidates regarding conduct and result of interview and reasons for not being called for interview.
- (m) In case of any assistance or clarifications regarding the advertisement please email [Faculty.Rect.RML.Lko@gmail.com](mailto:Faculty.Rect.RML.Lko@gmail.com) or [FacultyRectRMLLko@gmail.com](mailto:FacultyRectRMLLko@gmail.com).
- (n) Jurisdiction for any dispute will be subject to competent Court at Lucknow only.

*S. Nityanand*

**DIRECTOR  
Dr.RMLIMS  
Lucknow\**



# DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES

VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW- 226 010  
PHONE: 0522-4918504, 6692000 Website-www.drrmlims.ac.in

## APPLICATION FOR FACULTY POSITION

Advertisement No. 2256/Rect-F/ER/DrRMLIMS/2022, Dated: 30.08.2022

PLEASE ATTACH  
A SELF SIGNED  
RECENT  
PHOTOGRAPH  
HERE

POST APPLIED FOR.....

IN THE DEPARTMENT OF.....

1. NAME IN FULL.....  
(CAPITAL LETTERS) SURNAME FIRST NAME MIDDLE NAME

2. NAME OF FATHER .....

3. NAME OF MOTHER .....

4. MAILING ADDRESS .....  
HOUSE NO. SECTOR STREET/MOHALLA

.....  
POST OFFICE CITY/DISTRICT PINCODE

.....  
PROVINCE/STATE COUNTRY

PHONE NO. (with STD code)..... MOBILE NO.....

EMAIL ADDRESS (if any).....

5. PERMANENT ADDRESS.....  
(PRINT ONLY IF DIFFERENT FROM ABOVE) STREET CITY PINCODE

.....  
PROVINCE/STATE COUNTRY

6. COUNTRY OF BIRTH .....COUNTRY OF CITIZENSHIP.....

7. DATE OF BIRTH ...../...../..... AGE IN YEARS AS ON Last Date of Application receipt  
DAY MONTH YEAR (IN WHOLE NUMBERS COMPLETED)

8. SEX .....MARITAL STATUS.....SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED

9. SCHEDULED CASTE ☐ YES ☐ NO

SCHEDULED TRIBE ☐ YES ☐ NO

OTHER BACKWARD CLASS ☐ YES ☐ NO

ANY OTHER (Please Mention the Category).....

10. DEMAND DRAFT DETAILS

NAME OF BANK.....DD NO.....DATE OF ISSUE.....

11. EXAMINATION PASSED (most recent first) date of appearing or passing number of times attempted, Percent marks acquired, grade/class/division obtained and institution/university from which passed may be mentioned. Where more than

one professional examination is required to obtain a degree, information regarding each professional examination may be given (Matriculation onwards) along with self-attested copies of all documents. (Certificates & Degree Only)

S. No.	EXAMINATION	DATE	ATTEMPTS	PERCENT MARKS ACQUIRED	GRADE/ DIVISON/ AWARD	INSTITUTION/ UNIVERSITY

**12. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED** (mention only those related to the profession) giving brief description of the award.

S. No.	DESCRIPTION



**SUMMARY OF QUALIFICATIONS**  
(SUBMIT 08 COPIES ) Photocopies acceptable

Advt.No.2256/Rect-F/ER/DrRMLIMS/2022, Dated: 30.08.2022

S.No.....

Name of the Post .....DEPARTMENT.....

<b>A. Name .....</b>  <b>Age (as on 17<sup>th</sup> February, 2020).....</b>  <b>Qualifications .....</b>  <b>Member of Scheduled Caste/Tribe/Other Backward class.....</b>  <b>.....</b>	<b>B. Present Employment with present basic Salary &amp; grade</b>  <b>.....</b>  <b>.....</b>  <b>.....</b>  <b>.....</b>
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**C Academic Vitae (from Matriculation on wards)**

Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Class/Division Grade	Merit/Prizes Medals won, If Any

(3A)

<b>D. Languages Known</b>			<b>E. Teaching Experience</b>		<b>F. Research Experience.</b>
<b>Read</b>	<b>Write</b>	<b>Speak</b>	<b>Total in (years).....</b>  <b>Under-graduate classes (Years).....</b>  <b>Subject taught.....</b> .....  <b>Post-graduate Classes (Years).....</b>  <b>Subject taught.....</b>		
<b>G. No. of Research papers published</b>  .....  <b>Total.....</b>  <b>National.....</b>  <b>International.....</b>			<b>H. Books Published</b>	<b>I. No. Research Projects</b>	<b>J. No. of dissertations supervised</b>  <b>MD/MS.....</b>  <b>DM/MCH.....</b>  <b>Ph. D.....</b>
<b>K. Reference &amp; Testimonials</b> 1.  2.  3.					
<b>L. Additional Information.</b>					

Signature of the applicant

Date.....

Designation.....

Place of work.....



**13. PROFESSIONAL EXPERIENCE** (before obtaining prescribed qualification which makes you eligible for the post ) title of the post held, date of joining, date of leaving, experience in years & months (give in whole numbers ), nature of post (involving practice, teaching and / or research) and emoluments per annum, for each post along with the self-attested copies of the documents. (Experience certificate/s Only.)

S. No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE MONTHS/DAYS	NATURE OF JOB	REASON/S FOR LEAVING	EMOLUMENTS

**14. PROFESSIONAL EXPERIENCE** as on 17<sup>th</sup> February, 2020 after obtaining prescribed qualification which makes you eligible for the post).

S. No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE IN YEAR/S MONTHS/DAYS	NATURE OF JOB	REASON/S FOR LEAVING	EMOLUMENTS

15. MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.

S.No	STATUS	NAME	DATE OF MEMBERSHIP

16.MAJOR INTERESTS/HOBBIES/EXTRA-CURRICULAR ACTIVITIES.

17. RESEARCH EXPERIENCE together with details of published works (attach separate sheets of the size of each of the following) :

- PAPERS PUBLISHED.
- PAPERS UNDER PUBLICATION.
- PROFESSIONAL COURSES, SEMINARS/WORKSHOPS/CONFERENCES ATTENDED.
- PAPER PRESENTED AT CONFERENCES.
- VISITING PROFESSORSHIPS TO ACADEMIC INSTITUTIONS.
- ANY OTHER.

18. PROFESSIONAL ACHIEVEMENT. Print in not more than hundred words your professional achievements in the specialty for which applied.

19. Name of three referees who can testify your suitability for the post applied.

a) Name of Referee

.....

.....  
DESIGNATION ORGANISATION

.....  
STREET CITY PIN CODE

.....  
PROVINCE/STATE COUNTRY

b) Name of Referee

.....

.....  
DESIGNATION ORGANISATION

.....  
STREET CITY PIN CODE

.....  
PROVINCE/STATE COUNTRY

c) Name of Referee

.....

.....  
DESIGNATION ORGANISATION

.....  
STREET CITY PIN CODE

.....  
PROVINCE/STATE COUNTRY

20. Present Employment

.....

.....  
DESIGNATION ORGANISATION

21. Annual Pay

.....

I certify that the above information and particulars submitted by me are correct and in case they are found wrong, the Institute would be free to take action against me.

Place.....

Date.....

Signature.....

**CHECK-LIST**

**This application will not be considered unless the following documents are attached to it:**

<b>S. No.</b>	<b>Documents</b>	<b>Status</b>		
		<b>Yes</b>	<b>No</b>	<b>Page No.</b>
1.	High School Mark Sheet / (Date of Birth certificate)			
2.	Certified copies of degrees of examination passed from MBBS onwards.			
3.	If belonging to Schedule cast/schedule tribe/other backward class/or handicapped etc. a certificate from competent authority in support of the claim.			
4.	Official certification of distinctions, prizes, medals etc. received.			
5.	Reprints of two best papers published/under publication which you claim to the post applied for.			
6.	NMC/MCI/State Medical Council Registration-MBBS and Postgraduate.			
7.	Experience Certificate /Document mentioning that Medical College/ Teaching Institution is MCI recognized.			
8.	Demand Draft of Rs. 2000.00 in favor of “Finance Controller, Dr.Ram Manohar Lohia Institute of Medical Sciences, Gomti Nagar, Lucknow”, payable at Lucknow.			
9.	No Objection Certificate from the current employer/ Forwarding by current employer.			
10.	Experience Certificates			
11.	Testimonials from three referees in support of your claim to the post applied for.			
12.	Copy of ID Proof (Adhaar Card/ Pan Card/ Driving License/ Voter ID-Card etc.)			
13.	Two self-addressed envelopes with each Rs. 40.00 postal stamp.			
14.	A Declaration on plain paper that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.			