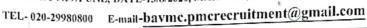


# PUNE MUNICIPAL CORPORATION- MEDICAL EDUCATION TRUST'S BHARATRATNA ATALBIHARI VAJPAYEE MEDICAL COLLEGE AND HOSPITAL, MANGALWAR PETH, PUNE.

REG.NO.F54459/PUNE, DATE-13/8/2020, MAHA/461, DATE-10/7/2020





# ADVERTISEMENT FOR FACULTY POSITIONS

Pune Municipal Corporation-Medical Education Trust's Bharatratna Atalbihari Vajpayee Medical College and hospital, Pune invites applications for the teaching posts in following departments in the medical college. The following posts are on a temporary basis for 11 months only, through Walk in Interview at Bharatratna Atalbihari Vajpayee Medical College and hospital, Mangalwar Peth Pune-411011.

|       | Assistant Profes   | sor             |   |
|-------|--|-----------------|---|
| S. NO | Department   | Post            | Interview date                          |
| 1     | Anatomy (शरीररचनाशास्त्र)  | 1 (UR)          |   |
| 2     | Biochemistry (जीवरसायनशास्त्र)                                   | 1 (SC)          |   |
| 3     | Pathology (शरीरविकृती शास्त्र)                                   | 2 (VJA-1, UR-1) |   |
| 4     | Forensic Medicine & Toxicology (न्याय्यवैद्यक शास्त्र)           | 1 (UR)          |   |
|       | Community Medicine (कम्युनिटी मेडिसिन)                           | 2 (SC-1, VJA-1) | agit da Santa da                        |
| 5     | Community Medicine- UHTC (कम्युनिटी मेडिसिन-यु.<br>एच. टी. सी. ) | I (UR)          | u - u - u - u - u - u - u - u - u - u - |
| 6     | General medicine ( जनरल मेडिसिन)                                 | 1 (VJA)         | Date- 30/07/2025<br>Interview           |
| 7     | General Surgery (जनरल सर्जीर)                                    | 1 (VJA)         | at 11 AM.                               |
| 8     | Obstetrics & Gynecology (स्त्रीरोग व प्रसूतीशास्त्र)             | 1 (SC)          | Candidate to be                         |
| 9     | Anaesthesiology(बधिरीकरणशास्त्र)                                 | l (VJA)         | present for document                    |
| 10    | Radiodiagnosis (क्ष-किरणशास्त्र)                                 | 1 (UR)          | scrutiny at 9 AM.                       |
| v u 7 | Total  | 13              |   |

Detailed information about the above post advertisement, application procedure, age limit, educational qualification and other details are available on the website of Pune Municipal Corporation <a href="www.pmc.gov.in">www.pmc.gov.in</a> and college <a href="www.bavmcpune.edu.in">www.bavmcpune.edu.in</a>. Candidates should apply after perusing it carefully.

Sign /-

Dr. Shilpa A. Pratinidhi Dean (In Charge) Bharatratna Atal Bihari Vajpayee Medical College and Hospital Pune

#### 2) Educational Qualification

| Sr<br>No | Posts     | Academic Qualification   | Teaching & Research Exp. |  |  |  |  |  |
|----------|-----------|--|--------------------------|--|--|--|--|--|
| 3        | Assistant | As per Teachers Eligibility Qualifications (TEQ), 30 June 2025 |                          |  |  |  |  |  |
|          | Professor |  |                          |  |  |  |  |  |

<sup>\*</sup>Rest of terms and conditions not mentioned above will be as per NMC and MUHS Guidelines.

#### 3) Age limit

A) Assistant Professor - As per Teachers Eligibility Qualifications (TEQ), 30 June 2025.

#### 4) Salary-

A) Assistant Professor - Consolidated pay Rs.1,00,000/- (In words Rs. One Lakh) Per Month.

## 5) Scoring for Selection candidate

| Sr. No | Educational Qualification & Experience  | Maximum Marks |
|--------|---|---------------|
| 1      | Educational qualification in relevant subject   | 20            |
| 2      | Educational qualification PhD in relevant subject 5 marks/1 mark for each degree case   | 5             |
| 3      | Basic Experience – 0, Academic Additional Experience in relevant subject – 2 marks each year  | 20            |
| 4      | In related subjects, P.G. Teaching Experience – 2 marks each year   | 10            |
| 5      | Dissertation Publication Index Journal - 2 marks each   | 10            |
| 6      | University recognized textbook/reference book for each book - 2.5 marks maximum 10 marks'/ and 1 mark for chapters in other books maximum - 5 marks | 15            |
| 7      | Interview   | 20            |
|        | TOTAL   | 100           |

## 6) Mode of submission of application -

A) Following is post wise scheduled of interview at Bharatratna Atalbihari Vajpayee Medical College, Pune. Be present according to this schedule with dually filled application form with complete set of xerox & original documents 2 hours before the time of Interview.

| S. No | Department                              | Interview date & Time                               |
|-------|---|---|
|       | Assistant Professor                     |   |
| 1     |   | Date 30/07/2025                                     |
|       |   | Interview at 11 AM.                                 |
|       | there is a government holiday on the da | ay of the interview, the interviews will be held on |

<sup>\*</sup>Application of one candidate will be accepted for only one post.

<sup>\*</sup>Document Scrutiny time is 9:00 am to 11:00 am for the post Assistant Professor. After scrutiny time NO application form will be accepted.

<sup>\*</sup>Rest of terms and conditions, relaxation as per Teachers Eligibility Qualifications (TEQ), 30 June 2025.

- B) Candidates who apply as per this advertisement and attend the interview on the day itself will be considered for the process.
- C) The possibility of decrease or increase in the number of vacancies cannot be ruled out. All rights reserved by Hon Dean are kept.
- D) Candidates selected from the said advertisement shall not be entitled to any permanent right in the service.

Dr. Shilpa A Pratinidhi
Dean (In Charge)
Bharatratna Atalbihari
Vajpayee
Medical College and
Hospital, Pune



#### PUNE MUNICIPAL CORPORATION- MEDICAL EDUCATION TRUST'S BHARATRATNA ATALBIHARI VAJPAYEE MEDICAL COLLEGE AND HOSPITAL, MANGALWAR PETH, PUNE.



TEL.020-29980800

E-MAILbavmc.pmcrecruitment@gmail.com

|   | App    | lication  | <u>Form</u> |        | 1    |                                       |
|---|--------|-----------|-------------|--------|------|---------------------------------------|
| Name of the post applied Name of the Department |        |           |             |        |      |                                       |
| 1. Personal Details:                            |        |           |             |        | - 1  |                                       |
| a) Full Name (English)                          | :      |           | 10000 4.00  | h.     |      | 1 1 1 1 1                             |
| b) Full Name (Devnagari)                        | :      |           |             | k      |      |                                       |
| c) Mother Name                                  | :      |           |             |        |      | 1                                     |
| d) Marital Status                               | :      |           |             |        | i    | - I                                   |
| e) Correspondence Address                       | :      |           |             |        | -    | , , , , , , , , , , , , , , , , , , , |
| f) Permanent Address                            | :<br>: |           | , ,         | h      |      |                                       |
| g) Contact Number                               | :      | -         |             |        | 10m. | 1                                     |
| h) Email Address                                | :      | ,         |             | 7      | ,    |                                       |
| i) Date of Birth                                | : "    |           |             |        | Ą    |                                       |
| j) Age as on today                              | :      | Years     | Mo          | onth   | I    | Days                                  |
| k) Gender (Male/Female)                         | :, "   |           |             |        | ,    |                                       |
| l) Aadhar Card No.                              | :      | <u>-i</u> |             | •      |      |                                       |
| m) Caste  | : ,    |           |             | Sub Ca | ste  |                                       |

#### 2. Black List

- a. Whether any prosecution is pending in any Court of Law?
- b. Whether any disciplinary or similar action is initiated by Government / Semi-Government Organization?
- c. Whether any disciplinary or similar action is initiated by Bar Council or Medical Council or Association or other professional /vocational institution.

- d. Whether debarred or blacklisted at the examination / selection held by SSC Board /University /MPSC/Other P.S.C. /UPSC or any other organization.
- e. Was any Court Case filed against you?

## 3. Educational Qualification

| Qualification<br>Type | Name of<br>Degree | Subject | Name of college | Result<br>Date | Attempts | % | Course<br>Duration | Class | Mode |
|-----------------------|-------------------|---------|-----------------|----------------|----------|---|--------------------|-------|------|
|                       |                   |         |                 | ė.             |          |   |                    |       |      |
|                       |                   | **      |                 | 7              |          |   |                    |       |      |
|                       |                   | 9       |                 |                |          |   |                    |       |      |
|                       |                   |         |                 |                |          |   |                    |       |      |
|                       |                   |         |                 | -              |          | , |                    |       |      |
|                       |                   |         |                 | -              |          |   |                    |       |      |

4. Details of Council Registration: Also please attach renewal copy of registration.

| Degree (UG/PG) | Registration No. | Registration Date | Council |
|----------------|------------------|-------------------|---------|
|                |                  |                   |         |
|                |                  |                   |         |
| 1 -            |                  |                   |         |
|                | и;               |                   |         |

#### 5. Details of Publications:

| Publication | Name of | Whether   | Name of      | Whether  | Year of     | Title of Paper |
|-------------|---------|-----------|--------------|----------|-------------|----------------|
| Type        | Author  | the First | Journal with | impact   | Publication |                |
|             |         | Author?   | Volume No.   | index is |             |                |
|             |         | 1         | and page     | not less |             |                |
|             |         |           | number       | than 2.0 |             |                |
|             |         |           |              |          | ٠           |                |
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|             |         |           |              |          |             |                |
|             |         |           |              |          |             |                |

| 6. Cas | ste / Categ         | ory Deta                | ils                     |                        |                         |            |                      |                     |            |    |
|--------|---------------------|-------------------------|-------------------------|------------------------|-------------------------|------------|----------------------|---------------------|------------|----|
| a)     | Religion            |                         |                         |                        | (                       | Category   | q                    |                     |            |    |
| SC     | ST                  | VJ-A                    | NT-B                    | NT-C                   | NT-D                    | SBC        | OBC                  | EWS                 | SEBC       | On |
|        |                     |                         |                         |                        |                         |            |                      | B 11 3              | SEBC       | Ор |
| b)     | Do you b            | elong to                | Non-Crea                | ımy Laye               | er? S                   | Sub Caste  | 16                   |                     |            |    |
| c)     | Caste Va            | lidity Cer              | rtificate N             | Number a               | nd date (ii             | f applicab | ole)                 |                     |            | -  |
| 7. Oth | er Details          | i                       |                         |                        |                         |            |                      |                     |            |    |
| a)     | Nationali           | ity .                   |                         | :                      |                         |            | 4.                   |                     | 5          |    |
| b)     | Mother to           | ongue                   |                         | :                      | _ /                     |            |                      |                     |            |    |
| c)     | Person w            | ith Disab               | ility                   | :                      |                         |            |                      |                     |            |    |
| d)     | Ex-Servi            | ceman                   |                         | :                      |                         |            |                      |                     |            |    |
| e)     | Can you             | read/writ               | e/speak N               | Marathi                | : Read                  | Wı         | rite                 | Speak               |            |    |
| f)     | Can you             | read/writ               | e/speak E               | English                | : Read                  | Wı         | rite                 | Speak               |            |    |
| g)     | Whether<br>Maharash | liable to<br>itra Civil | be disqua<br>Services   | lified for<br>(Declara | the Govt.<br>tion of Sn | Services   | accordin<br>y) Rules | g to the p<br>2005? | rovision o | of |
| h)     | Applicati           | on Fees p               | oaid: Yes               | /No                    |                         |            |                      |                     |            |    |
| i)     | Extra Ac            |                         |                         | ;                      |                         |            | 1                    |                     |            |    |
|        |                     | ,                       | 1                       | C.C.                   | 63.                     | <b>.</b> 1 | 0                    |                     |            |    |
|        |                     |                         |                         |                        | ment of M               |            |                      |                     |            |    |
|        | • Are y             | ou an em                | ployee of               | f Pune M               | unicipal (              | Corporatio | on?                  |                     |            |    |
|        | • Are y             | ou a meri               | itorious s <sub>l</sub> | port perso             | on?                     |            |                      |                     |            |    |
|        | • Are v             | ou freedo               | m fighter               | rs nomin               | ated child              | ?          |                      |                     |            |    |

Are you a Project Affected Candidate?

• Are you Earthquake affected?

| o. Teac   | ming i         | Experience       |                      |             |               |              |             |            |           |
|-----------|----------------|------------------|----------------------|-------------|---------------|--------------|-------------|------------|-----------|
| Organiza  | tion           | Department       | Nature<br>of<br>Post | Pay<br>Band | Grade<br>Pay  | Basic        | From        | То         | Total     |
|           |                |                  | d                    |             | -             | ,            |             |            |           |
|           |                |                  |                      |             |               |              |             |            |           |
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|           |                |                  |                      |             |               |              |             |            |           |
| 9. Ques   |                |                  |                      |             | ,             |              |             |            |           |
| a) :      | Do yo<br>Total | ou possess pres  | cribed edu           | cational c  | qualification | n as per th  | e advertise | ment? Y    | es/No     |
| 0)        | Years          | Experience aft   | er prescrib          | ed educat   | tional quali  | fication     |             |            |           |
|           |                |                  |                      |             |               | _Days_       |             |            |           |
| 10. Pre   | vious          | Approval of l    | MUHS Na              | shik : Y    | es/ No If Y   | es please    | give detail | s and atta | ach       |
| Sr.No.    | A              | pproval Post     | MUHS                 | Ref.        |               |              | proval      |            |           |
|           |                |                  | Letter               | No.         | Date          | F            | rom -       | ]          | Го        |
|           |                |                  | J.                   | ,           |               |              |             |            |           |
|           |                |                  |                      |             |               |              |             |            |           |
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| Declara   | tion :         | •                |                      |             |               |              | 1           |            |           |
| I         | ttion .        | •                |                      | hereby      | v declare     | that I       | hours man d | 41         |           |
| /notifica | ation          | for this post    | and read t           | ne inforr   | nation abo    | ut the no    | have read   | . I        | v · 1     |
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| MOULIC    | ation.         | All the inform   | iation, pro          | vided in i  | this applies  | ition ic tra | a and aam   |            | 1         |
| informa   | tion p         | provided is four | nd to be inc         | correct.    | appropria     | e action (   | including   | loss of th | e job) if |
|           |                |                  |                      |             |               |              |             |            |           |
| Place:    |                |                  |                      |             |               |              |             |            |           |
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| Date      |                |                  |                      |             |               |              | with        | name       |           |
|           |                |                  |                      |             |               |              |             |            |           |

## List of Document

| Sr.<br>No. | Particulars of Document  | Uploaded Yes/No                         |
|------------|--|---|
| 1          | Under Graduate Degree Certificate & Mark sheet   |   |
| 2          | Under Graduate Degree Registration Certificate   |   |
| 3          | Post Graduate Degree Certificate and Mark sheet (Provisional Degree Certificate if PG degree not received) |   |
| 4          | Post Graduate Degree Registration Certificate  | * |
| 5          | MMC Registration   |   |
| 6          | Proof of Date of Birth (Birth Certificate/School Leaving Certificate etc).                                 | eron as distance                        |
| 7          | Caste Certificate (if applicable)  |   |
| 8          | Caste Validity Certificate (if applicable)   | •                                       |
| 9          | Non-Creamy Layer Certificate (if applicable)   |   |
| 10         | Experience Certificates  |   |
| 12         | Previous Approval Letter issued by MUHS (if applicable)  | · · · · · · · · · · · · · · · · · · ·   |
| 13         | Any other important documents such as Resignation, Discharge / Relieving Certificate                       |   |
| 14         | Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate) (if applicable)                  |   |
| 15         | Publications if any  |   |
| 16         | BCBR Course Certificate  |   |
| 17         | MET Course Certificate   |   |
| 18         | University UG Teacher Approval   |   |
| 19         | University PG Teacher Approval   |   |
| 20         | Certificate of Post PG Diploma /Degree/Superspecialist/PhD <sub>#</sub>                                    |   |
| 21         | Photo ID: Aadhar/Passport/ Driving License/ PAN Card   |   |
| 22         | Latest Photo   |   |
| 23         | Any Other  |   |

| रासिन निर्णय क्रमांक: प्रसुधा १६१४/३४५ प्र.क.७१/१८अ |  |
|---|--|
| प्रप  | ন্স -স   |
| • स्वयंघे   | गोषणापत्र  |
|   |  |
|   |  |
| मी  | शी/श्रीम   |
| यांचा मुलगा/ मुलगी वयवर्ष, आधार क्र                 | , व्यवसाय <b></b> . राहणार                             |
| या द्वारे घोषित करतो                                | ो की/ करते की वरील सर्व माहिती माझ्या व्यक्तिगत माहिती |
| व समजुतीनुसार खरी आहे. सदर माहिती खोटी आढळून        | । आल्यास, भारतीय दंड संहिता अन्वये आणि / संबंधित       |
| कायद्यानुसार माझ्यावर खटला भरला जाईल व त्यानुस      | नार मी शिक्षेस पात्र राहीन याची मृला पुर्ण जाणीव आहे.  |
| ठिकाण :-  | ं<br>अर्जदारची स्वाक्षरी                               |

## महाराष्ट्र नागरी सेवा (लहान कुटुंबाचे प्रतिज्ञापत्र) नियम,२००५ नुसार अर्जासोबत जोडावयाच्या लहान कुटुंबाच्या प्रतिज्ञापत्राचा नमूना प्रतिज्ञापत्र नमूना – अ (नियम ४ पहा)

| मी श्री./श्रीमती/कुमारी |          |   |                              |                           |                        |   |              |
|-------------------------|----------|---|------------------------------|---------------------------|------------------------|---|--------------|
| यांचा मुलगा             | / यांर्च | ो मुलगी / पत्नी, वय                             | a                            | र्, राहणार                |                        |   |              |
|                         |          |   |                              |                           |                        |   | रतो /        |
| करते की,                |          |   |                              |                           |                        |   |              |
|                         | ٤)       | मी  |                              | या पदास                   | गठी माझ्या अ           | र्ज दाखल केलेला आ                           | हे.          |
|                         | ۲)       | आज रोजी मला<br>,२००५ नंतर जनमात<br>नमूद कुरावा) | (संख्य<br>ला आलेल्या मुलांची | r) इतकी हयात म्<br>संख्या | नुले आहेत. त्य<br>आहे. | ापैकी दिनांक : २८ म<br>(असल्यास, जन्मदिव    | ार्च<br>नांक |
|                         | 3)       | हयात असलेली मुल<br>जन्माला आलेल्या व            |                              |                           |                        | ? मार्च ,२००५ व तद् व<br>इंन याची मला जाणीव |              |
|                         |          | आहे.  |                              |                           | 6                      |   |              |
|                         |          | ,   |                              |                           |                        |   |              |
| 0                       |          |   |                              |                           | (उमे                   | दिवाराची स्वाक्षरी)                         |              |
| ठिकाण :-                |          |   | •                            |                           |                        |   |              |
| दिनांक :-               |          | /   |                              |                           | 1                      |   |              |