GOVERNMENT OF MEGHALAYA OFFICE OF THE DIRECTOR OF HEALTH SERVICES MEDICAL EDUCATION & RESEARCH (DME), MEGHALAYA PASTEUR HILLS, SHILLONG

No.DHSME&R/SMC-HR/156/99

Dated Shillong, the 4th April, 2025

ADVERTISEMENT

The Office of the Director of Health Services Medical Education & Research (DME), Meghalaya invites applications from eligible in-service Doctor to fill the vacant posts of Assistant Professor in various disciplines for the proposed Shillong Medical College.

Eligible candidates intending to appear for the interview must submit a copy of the application form (**Declaration Annexure - I** & **Proforma Annexure - II**), to either smcfacultyrecruitment25@gmail.com or by post to the O/o the Director of Health Services (Medical Education & Research), Lawmali, Shillong 793001 no later than 5:00 PM on 12thApril, 2025. The email and envelop subject line should be: "Application for the Post of Assistant Professor at Shillong Medical College, Shillong".

1. Details of Vacant Position of Assistant Professor

Sl No	Department	Vacant Posts
1	Anatomy	2
2	Physiology	1
3	Biochemistry	1
4	Pharmacology	1
5	Pathology	1
6	Microbiology	1
7	Forensic Medicine	1
8	Community Medicine	2
9	General Medicine	2
10	Paediatrics	1
11	Dermatology	1
12	Psychiatry	1
13	General Surgery	2
14	Orthopaedics	1
15	Otorhinolaryngology (ENT)	1
16	Ophthalmology	1
17	Obstetrics & Gynaecology	1

18	Anaesthesiology	2
19	Radiodiagnosis	1
20	Dentistry	1

2. ESSENTIAL QUALIFICATION/EXPERIENCE:

- a) The candidate must possess MD/MS/DNB/DM/M.Ch or equivalent degree in the concerned discipline from any MCI/NMC approved/recognized/permitted Medical Colleges and/or any other academic qualification in the subject as may be prescribed by the NMC and as per "Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022 as amended from time to time. The candidates having DM/M.Ch/DNB or equivalent degree are not required any additional teaching experience.
- b) Must have registered himself/herself under Meghalaya State Medical Council after obtaining the degree (Permanent Registration)
- c) Must have SRship (Senior Resident-ship) in the concerned subjects after completion of PG Course.
- d) The candidate must be a serving medical officer/Specialist under the Health and Family Welfare Department, Government of Meghalaya, holding a substantive position at the time of application.
- **3. UPPER AGE LIMIT:** As per Service Rules.
- **4. PAY & ALLOWANCES:** In-service candidates applying for the post on deployment shall have their pay protected. Additionally, they will receive a Teaching Allowance as decided by the Health & Family Welfare Department.
- **5. TENURE OF POST: Assistant Professor** shall have a tenure of five years from the date of assumption of change or until promotion to Associate Professor, subject to adherence to the prescribe norm and fulfilment of the criteria set by the National Medical Commission (NMC) from time to time
- **6. PROBATION:** Not applicable.

7. PROCEDURE FOR APPLICATION/NOMINATION:

a) Eligible candidates can directly apply for walking interview in panel of the subject expert and due diligence of the document verification in the office of The Director of Health Services (Medical Education & Research), Plot No-02, Pasteur Institute, Lawmali, Pasteur Hills, District: East Khasi Hills, Shillong, Meghalaya-793001 on 15th AND 16thApril 2025.

- b) The candidates intending to appear for the walk-in interview must submit self-attested copies of certificates verifying their essential qualifications, experience, and proof of date of birth, as per the attached proforma at the time of interview and to bring along original document for verification. Additionally, they must provide a copy of their appointment letter as proof of joining service.
- c) The eligibility criteria, including prescribed qualifications, age, and experience, shall be determined as of the date of the **walk-in interview**.
- d) Canvassing of any kind will lead to disqualification and cancellation of the candidature.
- e) The advertisement may also be seen on the website: https://www.meghealth.gov.in
- f) All applicants are required to submit a duly signed declaration along with their application form.

NOTE : For any queries call 0364 – 2591570 or +91-9485106663

ANNEXURE -I

DECLARATION

I, [Your Full Name]	, hereby
give my unconditional consent to accept the position of	Assistant Professor at
Shillong Medical College, Shillong, if selected. I affirm t	hat my service shall be
rendered not only for the people of Meghalaya but also in th	e broader interest of the
nation.	
I further declare that I accept this appointment with conditions and shall abide by the rules, regulations, and employment as prescribed by the competent authorities.	•
	Signature
	Name & Designation
Place:	
Date:	

PROFORMA

(Name and particulars of candidate for the post of **Assistant Professor**, Shillong Medical College)

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	le:)
		d Age :(As on) :			
E-mail & mol	bile phone no. :				
	zen of India (e specify) :			ndian or Persor	ns of India
Academic Qu	alification :				
Graduation	Year of Passing			College/University which graduated	ty from
Post-	College/I	[Inixarcity 4	from	which post-gra	duation
graduation	degree re	•		which post-gra	aduation
Doctorate (i	f any)		Colleg	ge/University	
Field(s) of sp	ecialization :				
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Experience:					
				e Institute who	

		worked	
	(i) Before post-		
	graduation		
	(a) Teaching		
	(b) Research		
	(c) Administration		
	(ii)After post-graduation		
	(a) Teaching		
	(b) Research		
	(c) Administration		
10	. A complete list of publica	ations (Please attach a list) :	
11	. Books, if any written (Li	st) :	
1 2	Extra gurrigular activitie	es such as medico-social work, journa	alistic or other
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13	. Awards, distinctions, priz		
	a) At under-graduate level	l:	
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9)	At post-graduate level:		
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(ز	Any other:		
14	Fellowshins/Membershin	p of National and International Scier	ntific Societies
14		p of Ivational and International Select	tille Societies,
15	. Present post and designat	tion (from when held):	
16	. Scale of Pay :		

17. Salary :	
I hereby declare that the information given by me in correct to the best of my knowledge and belief.	this application is true and
Dia	(Signature of the Applicant)
Place:	
Date:	