

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

Dated Shillong, the 31st March, 2025.

No.Health.106/2014/Pt-II/Admin III-A: Applications are invited from the citizens of India/Others as per Standard Rules for the post of **Director**, Shillong Medical College, Shillong, with the following criteria:

1. QUALIFICATION

ESSENTIAL QUALIFICATION/EXPERIENCE

- i. A recognized postgraduate medical degree from a recognized medical institution.
- ii. Minimum of ten years of teaching experience as Professor/Associate Professor in a Medical College/ Institution, out of which at least five years should be as Professor in the Department.
- iii. Extensive practical & Administrative experience in the field of medical relief, medical research, medical education or public health organization and adequate experience of running an important scientific educational institution either as its Head or Head of the Department.

2. UPPER AGE LIMIT

Up to 63 years as on the last date of receipt of application i.e. 30 days from the date of publication of advertisement in Print media.

3. PAY & ALLOWANCES

- i. For in-service candidates, applying for the post on deputation, the pay will be protected.
- ii. For Retired candidates, the pay will be the last drawn salary minus pension.
- iii. For candidates from private sector, salary will be negotiable.

4. TENURE OF POST:

Director shall have a term of 5 years from the date of assumption of the charge of the post or till he attains the age of sixty-five years, whichever is earlier.

5. PROBATION:

Probation period will be one year.

6. PROCEDURE FOR APPLICATION/NOMINATION:

- i. Eligible candidates can apply for the post in the prescribed proforma, along with photocopies (self-attested) of other relevant documents. The application is to be sent to: **The Director of Health Services (Medical Education & Research), Plot No-02, Pasteur Institute, Lawmali, Pasteur Hills, District: East Khasi Hills, Shillong, Meghalaya-793001** by Registered Post/Speed Post.
- ii. The envelope containing the application should be super-scribed as **“Application for the post of Director, Shillong Medical College”** quoting Advertisement no. and date of publishing of advertisement.

- iii.** Candidates applying themselves must submit a copy of certificates (self-attested) with regards to Essential qualification & Experience and proof of Date of Birth.
- iv.** The last date of receipt of application will be 20 days from the date of publication of the advertisement i.e. 20th April 2025 up to 5.00 P.M.
- v.** The effective date for determining the eligibility as per the prescribed qualification, age, experience, etc., for the post shall be the last date of receipt of application viz. 20 days from the date of publication of advertisement in Print media.
- vi.** National & International Medical Education & Research Institutions may nominate suitable candidates.
- vii.** Vice-chancellors of Indian Universities may also send their nominations to The Director of Health Services (Medical Education & Research), Shillong.
- viii.** Members of the Institute body, Shillong Medical College, Shillong will not nominate any candidate.
- ix.** Late & incomplete applications will not be considered.
- x.** Canvassing of any kind will be a disqualification.
- xi.** The advertisement may also be seen on the website:
<https://www.meghealth.gov.in>

DECLARATION

I hereby give my consent to accept the post of **Director**, Shillong Medical College, Shillong if selected.

Signature

Name & Designation

Place: _____

Date: _____

PROFORMA(Name and particulars of candidate for the post of **Director**, Shillong Medical College)

1. **Name** (in BLOCK CAPITAL) : _____
2. **Father's Name** : _____
3. **Date of Birth and Age** : _____ (As on _____)
4. **Present Address** : _____
5. **E-mail & mobile phone no.** : _____
6. **Whether citizen of India or Non-Resident Indian or Persons of Indian Origin**
(Please specify) : _____
7. **Academic Qualification** :

Graduation	Year of Passing	No. of attempts	College/University from which graduated
Post-graduation	College/University from which post-graduation degree received		
Doctorate (if any)			College/University

8. **Field(s) of specialization** : _____

9. **Experience:**

	Designation & the Institute where worked	From	To
(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 publications** (Please attach a list) : _____

11. **Books, if any written (List)** : _____

12. **Extra-curricular activities** such as medico-social work, journalistic or other activities related to fine arts, sports etc. : _____

13. **Awards, distinctions, prizes etc.:**

a) At under-graduate level : _____

b) At post-graduate level : _____

c) Any other : _____

14. **Fellowships/Membership** of National and International Scientific Societies, Academics etc. : _____

15. **Present post and designation** (from when held) : _____

16. **Scale of Pay** : _____

17. **Salary** : _____

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief.

(Signature of the Applicant)

Place: _____

Date: _____