

प्रधानाचार्य पद के लिये विज्ञप्ति

स्वशासी राज्य चिकित्सा महाविद्यालय यथा-कानपुर देहात, कुशीनगर, बिजनौर, सुलतानपुर, सोनभद्र, गोण्डा, अमेठी तथा बुलन्दशहर हेतु प्रधानाचार्य के (एक पद प्रत्येक कालेज) पद पर चयन हेतु निम्नलिखित योग्यता एवं अनुभव रखने वाले भारत के नागरिकों से निर्धारित प्रारूप पर आवेदन पत्र एतद्वारा आमंत्रित किये जाते हैं :-

1. **आयु:-** अभ्यर्थी की आयु दिनांक 01 जुलाई, 2026 को न्यूनतम 50 वर्ष और अधिकतम 62 वर्ष होनी चाहिए।
2. वह प्रख्यात चिकित्साविद् एवं प्रशासनिक अनुभव वाला व्यक्ति होना चाहिए।
3. **प्रधानाचार्य के प्रशासनिक पद की अर्हता (एन०एम०सी० के गजट नोटिफिकेशन दिनांक 30.06.2025 के अनुसार) :-**

"A medical faculty shall be eligible for appointment to administrative posts in a medical institution if he possesses at least ten years of teaching experience in a medical institution, of which at least five years shall be as a Professor. "

4. **वेतनमान :-** प्रधानाचार्य पद के लिये वेतनमान शैक्षणिक स्तर-14, इन्ट्री पे रू० 1,44,200/-, जो राज्य सरकार द्वारा राजकीय मेडिकल कालेज के प्रधानाचार्य पद के लिये वेतन और भत्ते आदि के रूप में निर्धारित किया गया है।
5. **आवेदन शुल्क :-** रू० 1000/- (रूपये एक हजार मात्र) का डिमांड ड्राफ्ट जो "महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, लखनऊ" के पक्ष में लखनऊ में देय हो, आवेदन शुल्क के रूप में अनिवार्य है।
6. एक से अधिक कालेज के लिये आवेदन करने पर अभ्यर्थी को प्रत्येक स्वशासी राज्य चिकित्सा महाविद्यालय के लिये अपेक्षित दस्तावेज एवं बैंक डिमांड ड्राफ्ट के साथ पृथक-पृथक आवेदन करना होगा।

इच्छुक अभ्यर्थी अपना आवेदन निर्धारित प्रारूप (वेबसाइट www.dgme.up.gov.in से डाउनलोड किया जा सकता है) पर समस्त प्रमाण पत्रों की स्वप्रमाणित छायाप्रतियाँ सहित दिनांक 06.03.2026 सायं 05:00 बजे तक कार्यालय महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ०प्र०, जवाहर भवन, छठां तल, लखनऊ-226001 के पते पर पंजीकृत/स्पीड पोस्ट द्वारा ही उपलब्ध कराया जाना सुनिश्चित करें। निर्धारित तिथि व समय के पश्चात् प्राप्त एवं अपूर्ण आवेदन पत्रों पर विचार नहीं किया जायेगा।

अपर निदेशक

**Office of the Director General, Medical Education and Training, Uttar Pradesh
6th Floor, Jawahar Bhawan, Ashok Marg, Lucknow (UP) -226001.**

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No:-ME-2/2026/ 89

Lucknow: Dated: 06 Feb, 2026

Advertisement For the Post of Principal

Applications are invited on prescribed format from Indian Nationals for the post of Principal (one post for each) Autonomous State Medical College viz **Kanpur Dehat, Kushinagar, Bijnor, Sultanpur, Sonebhadra, Gonda, Amethi and Bulandsahar** having the following educational qualifications and experience -

- 1- **Age:-** The candidate must have attained the minimum age of 50 years and maximum age of 62 years on the 01st July, 2026.
- 2- He shall be a person of eminent medical and administrative experience.
- 3- **Qualification for administrative post of principal (As per NMC Gazette Notification Dated 30-06-2025):-**

"A medical faculty shall be eligible for appointment to administrative posts in a medical institution if he possesses at least ten years of teaching experience in a medical institution, of which at least five years shall be as a Professor. "

4- Pay Scale: -

For the post of Principal the scale of pay would be Academic Level -14, Entry pay- Rs. 1,44,200/- which has been decided for principal of Government Medical Colleges as pay and allowances etc by the State Government.

5- Application Fee:-

A demand draft of Rs. 1000/- (Rs. One thousand only) payable in favour of "**Director General Medical Education and Training, U.P. Lucknow**" payable at Lucknow is mandatory as application fee.

- 6- If applying for more than one college, candidate must send separate application form for each Autonomous State Medical College with requisite document & Bank Demand Draft.

Interested Candidates must send their application on prescribed format (downloadable from www.dgme.up.gov.in) along with self-attested certificates, **latest by 05:00 pm till 06-03-2026**, to the Office of Director General, Medical Education and Training, U.P. Jawahar Bhawan, 6th floor, Lucknow-226001 by **registered/speed post** only.

Applications received after due date and time and incomplete applications would not be taken into consideration.


Additional Director

Application Format

Advertisement Number and Date.....

Post..... (The Post for which the application is being made)

Note: - All information must be completed by the applicant.

Self-Attested
Photo

- 1- Name of the Applicant.....
- 2- Male / Female.....
- 3- Father / Husband's Name (including Surname).....
- 4- Present Address of Residence (including PIN code).....

Name of the City..... Phone No.....

Mobile Number Email ID.....

- 5- Permanent address.....

Name of the City..... Phone No.....

Mobile Number.....

- 6- Aadhaar Number.....

- 7- Date of birth (enclose the mark sheet of high school examination).....

- 8- Age of applicant as on **01-07-2026**..... Day..... Month..... Year.

- 9- Applicant's Marital Status- Married / Unmarried.....

- 10-Category: Unreserved / Scheduled Caste / Scheduled Tribes / Other Backward
Classes /EWS/Disabled.....

(Attach photocopy of certificate issued by competent authority for reserved category)

- 11-Registration Number and Name of the Council and Date.....

- a- UG-
- b- PG-
- c- Superspeciality-
- d- OTHERS

12-Educational Qualifications: (Enclose self-attested photo copies of certificates and marks sheets)

No	Name of the Examination	Course Name	Institution / Board / University	Year	Subject	Marks Obtained/ Total Marks	Percentage	effort (attempts)
1	UG							
2	PG							
3	Superspeciality							
4	OTHERS							

13- Educational experience (Attach experience certificate):-

No.	Designation	From	To	Duration	Institution Name

14- Administrative Experience (Attach Photo Copy)

No.	Designation	From	To	Duration	Institution Name

15- List of Publications (Attach Photo Copies).....

16- List of attached certificates.....

Place.....

Date.....

Full name and Signature of the Applicant

// Declaration //

1. I certify that the above information given by me is complete and true. In the event of information being false, my application form / appointment letter can be cancelled.
2. I certify that I have not been found guilty by any court of any offense of moral decimation nor is there any such case against me in any jurisdiction or any court of law.

Place.....

Date.....

Full Name and Signature of the Applicant