

**INSTITUTE OF INTEGRATED MEDICAL SCIENCES  
(GOVERNMENT MEDICAL COLLEGE, PALAKKAD)**

YAKKARA EAST, KUNNATHURMEDU P.O. PALAKKAD 678 013

Ph : 0491 2974125 , e-mail: gmcpkd.cedn@kerala.gov.in

No. E1-1609/2022/GMC/PKD (1)

Date :12/07/2022

**APPLICATIONS INVITED FOR THE POSTS OF PROFESSOR, ASSOCIATE  
PROFESSOR, ASSISTANT PROFESSOR,  
SENIOR RESIDENT (BONDED)**

Applications are invited from eligible medical post graduates for the following faculty and Senior Resident Vacancies in Institute of Integrated Medical Sciences, for appointing on Deputation/ Contract basis. Appointment will be done adhering to the existing reservation norms and as per the Govt. directions. Qualification and experience for the respective posts shall be as stipulated by National Medical Commission Notification "Teachers Eligibility Qualifications in Medical Institutions Regulations 2022" dated 14.02.2022.

Presently reported vacancy details are listed below.

Sl. No.	Department	Professor	Associate Professor	Assistant Professor	Senior Resident (Bonded)
1	Anatomy		1		
2	Biochemistry			1	
3	Community Medicine		1		
4	Pharmacology		1		
5	General Medicine				3
6	Pediatrics				2
7	General Surgery	1	3	2	1
8	Orthopedics	1			
9	ENT Department		1		
10	Ophthalmology		1		

11	OBG			1	2
12	Radio Diagnosis	1			2
13	Anesthesiology	1	1		
TOTAL		4	9	4	10

Consolidated emolument as per the existing Govt. rules will be admissible to those appointed on contract basis. A contract also to be executed by them as per the rules. Those who apply on deputation basis shall submit the application as per this notification within the time limit. They have to follow the normal procedure for deputation appointment, also.

After the preliminary screening of the applications and supporting documents, eligible candidates will be called for an interview, which will be held at the Institute of Integrated Medical Sciences (Govt. Medical College), Palakkad.

Hard copy applications in the prescribed format, available in the website, shall be submitted to Director, Institute of Integrated Medical Sciences(Govt. Medical College), Yakkara east, Kunnathurmedu P.O.. Palakkad 678 013 on or before 30/7/2022, 5 PM.

(Sd/-)  
DIRECTOR

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**APPLICATION FOR FACULTY SELECTION (JULY 2022)**

1. Department & Post:

Passport  
size photo  
to be  
pasted

2. Name of the Applicant:  
(in capital letters)

3. Permanent Address:

4. Address for Communication:

5. Date of Birth & Completed age as on Jan 1,2022:

6. Ph. No. & mail id:

7. Nationality & Native State:

8. Religion & Caste:

9. Current Employment details:  
(Post, Dept., Institution)

### 10. Educational Qualifications

<b>Examination</b>	<b>Institution, Board/University</b>	<b>Year &amp; Month of Passing</b>	<b>% of Marks secured &amp; Attempt details</b>
MBBS			
MD/MS/DNB			
DM/M Ch			

### 11. Registration Details

<b>Reg. No.</b>	<b>Name of Council</b>	<b>Degrees Registered</b>

### 12. Teaching Experience Details

<b>Sl.No</b>	<b>Designation</b>	<b>Institution</b>	<b>Period (From-To)</b>	<b>Total Period</b>

**13. List of Publications (Separate sheet may be used to provide details listed)**

- a) Title of Publication
- b) Whether original research article or not
- c) Journal (Full name, Volume, Year, month and date of Publication)
- d) Authorship details (First/Second/Corresponding/Third)
- e) Print/e-journal
- f) Indexing details & Indexing agency

**14. Self attested copies of the following documents to be enclosed.**

- a) Matriculation Certificate
- b) MBBS Certificate
- c) Post Graduation Certificate
- d) Mark list of MBBS & PG Exam
- e) Certificate of Medical Registration
- f) Equivalence Certificate, if applicable
- g) No Objection Certificate, if applicable
- h) Teaching Experience Certificate
- i) Adhar Copy

**15. DECLARATION**

I, Dr.....hereby declare that, all the information provided above are true to the best of my knowledge and wisdom. If anything turns out to be false, my candidature will be forfeited anytime during or after the selection procedure and the authorities can initiate appropriate disciplinary action against me.

**Full signature of the Applicant:.....**

**Name:**

Place:

Date: