OFFICE OF THE DEAN
GOVT. MEDICAL COLLEGE, VIDISHA (M.P.)

Ref. No.: 2197/DEAN/NOTICE/GMCVIDI/2018 Vidisha, **Date:** 24.08.2018

NOTICE

CORRIGENDUM-II

All candidates who are shortlisted in either main or supplementary list for the purpose of Interviews of Associate Professor, Assistant Professor and Demonstrator in various Departments on 25/08/2018 for GMC, Vidisha (Ref No. 2189/DEAN/NOTICE/GMCVIDI/2018) are instructed to report at Department of Community Medicine, GMC Bhopal on 25.08.18 at 9.00 AM. For those candidates who have not appeared for scrutiny on 24/08/2018, scrutiny will be conducted on same day. Kindly present with listed documents and filled form provided in previous letter (Ref No. 2189/DEAN/NOTICE/ GMCVIDI/2018).

24/8/18

DEAN
GMC, Vidisha

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Ref. No.: 2189/DEAN/NOTICE/GMCVIDI/2018 Vidisha, **Date:** 21.08.2018

LIST OF SHORTLISTED CANDIDATES FOR THE POSTS OF FACULTY MEMBERS FOR THIRD ROUND OF INTERVIEW

INSTRUCTIONS:-

Schedule of Scrutiny Documents –

Date: 24.08.2018 **Time:** 9:00AM to 12:00Noon **Venue:** Deptt. of PSM, GMC, Bhopal

Schedule of Interview of Shortlisted Candidates:

Date: 25.08.2018 **Time:** 9:00AM onwards **Venue:** Conference Hall, GMC, Bhopal

- Candidates from Supplementary lists need not report on 24.08.2018
- If needed, candidates from Supplementary List will be informed on 24.08.2018 by Phone Call/E-Mail
- Scrutiny for the Candidates from Supplementary Lists, if required, will be done on 25.08.2018.

DEPARTMENT OF ANATOMY

Assistant Professor – 1 (ST)

No Eligible Candidate

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Libi Awasiya	ST	7869785208	libiawasiya21@gmail.com
2.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com
3.	Dr. Raju Kanesh	ST	881882900	rajukanesh05081983@gmail.com

DEPARTMENT OF PHYSIOLOGY

Assistant Professor – 1 (ST)

No Eligible Candidate

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Libi Awasiya	ST	7869785208	libiawasiya21@gmail.com
2.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com
3.	Dr. Raju Kanesh	ST	881882900	rajukanesh05081983@gmail.com
4.	Dr. Ajeet Kumar Minj	ST	9993417060	ajeetkminj@gmail.com

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deangmcvidisha@gmail.com, Website: www.gmcvidisha.org.

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DEPARTMENT OF BIOCHEMISTRY

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Libi Awasiya	ST	7869785208	libiawasiya21@gmail.com
2.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com
3.	Dr. Raju Kanesh	ST	881882900	rajukanesh05081983@gmail.com

DEPARTMENT OF PATHOLOGY

Associate Professor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Nilima G. Sawke	UR	9406532631	nilima.sawke@gmail.com
2.	Dr. Reetesh K. Gujar	UR	9630244633	drreetesh84@gmail.com
3.	Dr. Anil Meena	UR	9893604205	meenaanil10@gmail.com

Associate Professor – 1 (ST)

No Eligible Candidate

Assistant Professor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Reetesh Kumar Gujar	UR	9630244633	drreetesh84@gmail.com
2.	Dr. Pratibha Meena	UR	8224993598	pratibhameena1@gmail.com
3.	Dr. Avinash Gupta	UR	9582999724	avidr03@gmail.com
4.	Dr. Rajnikant Ahirwar	UR	9826326489	drrajnikantahirwar@gmail.com
5.	Dr. Anubha Pandey	UR	7771019966	dranu65@gmail.com
6.	Dr. Fuzail Ahmed	UR	9754582359	fuzail2008@rocketmail.com

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deangmcvidisha@gmail.com, Website: www.gmcvidisha.org

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Deptt. of Pathology Cont....

Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Anurag Gupta	UR	7000073618	-
2.	Dr. Priya Jashwani	UR	7987936695	priyajaswani5@gmail.com
3.	Dr. Vijayta Singh	UR	9415176802	vijaytasingh912@gmail.com
4.	Dr. Aliya Mushtaque Niyazi	UR	8329343957, 9175560069	aliya.niyazi@yahoo.com
5.	Dr. Neha Singh	UR	8050134496	drneha_6@rediffmail.com

Assistant Professor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Deepshikha	ST	9410033053	deepshikhachawdhary007@gmail.com
2.	Dr. Rinku Bhagora	ST	7999213338	bhagorarinku@gmail.com

Tutor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Priya Jaswani	UR	7987936695	priyajaswani5@gmail.com
2.	Dr. Aliya Mushtaq Niyazi	UR	8329343957, 9175560069	aliya.niyazi@yahoo.com
3.	Dr. Sheetal Malpani	UR	8827786409	rathi.1988@gmail.com
4.	Dr. Anubha Pandey	UR	7771019966	dranu65@gmail.com
5.	Dr. Sumeet Goswami	UR	9425011160	dr.sumeet.goswami@gmail.com

Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Arsheen Khan	UR	9926348748	dr.arsheenkhan@gmail.com
2.	Dr. S P Dubey	UR	8827695300	surya.dubey56@gmail.com
3.	Dr. Hemant Kumar Koshti	UR	8871605334	kostihemantkurmar@gmail.com
4.	Dr. Praveen Chandrvanshi	UR	9406550211	praveenc73@gmail.com
5.	Dr. Shambhavi Soni	UR	9098088252	jayvi.singh1980@gmail.com

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Deptt. of Pathology Cont....

Tutor – 1 (SC)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Gautam Chandra Koshi	SC	7974507906	chandrakoshiknusic@gmail.com
2.	Dr. Rajnikant Ahirwar	SC	9826326489	drrajnikantahirwar@gmail.com
3.	Dr. Piyush Dhawan	SC	7999043914	piyushdhawan886@gmail.com
4.	Dr. Hemant Kumar Verma	SC	7566795486	hemant1081980@gmail.com
5.	Dr. Ravi Diwakar	SC	8889695203	rdiwakar07@gmail.com

Additional Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Arunendra Deepankar Neerath	SC	8602456870	akky.shy27290@gmail.com
2.	Dr. Sumit Kumar Chaurasiya	SC	9977164052	sumit.sumit.chourasiya@gmail.com
3.	Dr. Mukesh Kumar Jatav	SC	9584094293	nukeshjatavjnv@gmail.com
4.	Dr. Pradeep Kumar Jayant	SC	7000866017	pradeep.mgm07@gmail.com
5.	Dr. Babita Khangar	SC	8376983976	drbabitakhangar91@gmail.com

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com
2.	Dr. Ajeet Kumar Minj	ST	9993417060	ajeetkminj@gmail.com

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DEPARTMENT OF FORENSIC MEDICINE

Associate Professor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Nitin Shamrao Barmate	UR	7020188242	nitinsforensic@gmail.com
2.	Dr. Rajendra Baraw	UR	7694233194	drrajendrabaraw@gmail.com
3.	Dr. Harshwardhan Khushalrao Khartade	UR	9970858633	harshwardhan.khartade@gmail.com

DEPARTMENT OF MICROBIOLOGY

Associate Professor – 1 (UR)

No Eligible Candidate

Assistant Professor – 1 (ST)

No Eligible Candidate

Tutor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. S.P. Dubey	UR	8827695300	surya.dubey56@gmail.com
2.	Dr. Priya Jaswani	UR	7987936695	priyajaswani5@gmail.com
3.	Dr. Praveen Chandravanshi	UR	9406550211	praveenc73@gmail.com
4.	Dr. Shambhavi Soni	UR	9098088252	jayvi.singh1980@gmail.com
5.	Dr. Arsheen Khan	UR	9926348748	dr.arsheenkhan@gmail.com

Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Vijay Singh Rajak	UR	8770017828	jayvi.singh1980@gmail.com
2.	Dr. Dhruv Singh Kushwaha	UR	9407270124	dr.dhruv.singh@gmail.com
3.	Dr. Hemant Kumar Koshti	UR	8871605334	kostihemantkurmar@gmail.com
4.	Dr. Firoz Khan	UR	9340701851	anreenfiroz24@gmail.com
5.	Dr. Priyanka Kumar Singh Meshram	UR	9174563515	priyankamesh@gmail.com

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deangmcvidisha@gmail.com, Website: www.gmcvidisha.org

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Deptt. of Microbiology Cont....

Tutor – 1 (SC)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Ravi Diwakar	SC	8889695203	rdiwakar07@gmail.com
2.	Dr. Pradeep Kumar Jayant	SC	7000866017	pradeep.mgm07@gmail.com
3.	Dr. Sushil Kumar Shakhya	SC	7693048030	sushil.nscb2006@gmail.com
4.	Dr. Anil Kumar Nagar	SC	9074500551	docanil1985@gmail.com
5.	Dr. Govinda Chaudhary	SC	9009956829	surajsingh143anu@gmail.com

Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Rekha Nakul	SC	8839087648	rekhanakul1970@gmail.com
2.	Dr. Nitesh Singh	SC	8770388373	nitesh381989@gmail.com
3.	Dr. Satish Mourya	SC	7610762825	moryasatish993@gmail.com
4.	Dr. Ajay Tegar	SC	9301021624	ajaytegar@gmail.com
5.	Dr. Prashant Kumar Bhakoria	SC	7879411600	bhakoriaprashant@gmail.com

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com
2.	Dr. Ajeet Kumar Minj	ST	9993417060	ajeetkminj@gmail.com

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DEPARTMENT OF PHARMACOLOGY

Assistant Professor – 1 (ST)

No Eligible Candidate

Tutor – 1 (ST)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Yogendra Kumar Raut	ST	8518827197	15yogiiraut@gmail.com

DEPARTMENT OF COMMUNITY MEDICINE

Tutor – 1 (UR)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Nandni Shukla	UR	9926296402	knsnando1986@gmail.com
2.	Dr. Piyush D Swami	UR	8109078296	drpiyush.dattswami@gmail.com
3.	Dr. Priyanka Kumar Meshram	UR	9174563515	priyankamesh@gmail.com
4.	Dr. Prachi Shukla	UR	7000034908	dr.prachishukla@gmail.com
5.	Dr. Praveen Chandravanshi	UR	9406550211	praveenc73@gmail.com

Supplementary List (to be called in case no/insufficient candidates turn up)

S.N.	Name of the Candidate	Category	Contact No.	E-Mail ID
1.	Dr. Shambhavi Soni	UR	9098088252	jayvi.singh1980@gmail.com
2.	Dr. Ravi Diwakar	UR	8889695203	rdiwakar07@gmail.com
3.	Dr. Arsheen Khan	UR	9926348748	dr.arsheenkhan@gmail.com
4.	Dr. Shatkratu Dwivedi	UR	7000025350	drshatkratu@gmail.com
5.	Dr. Vijay Singh Rajak	UR	8770017828	jayvi.singh1980@gmail.com

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DEPARTMENT OF ANAESTHESIOLOGY

Associate Professor – 1 (ST)
No Eligible Candidate

DEPARTMENT OF RADIO-DIAGNOSIS

Associate Professor – 1 (UR)
No Eligible Candidate

Assistant Professor – 1 (UR)
No Eligible Candidate

DEAN,
Government Medical College,
Vidisha

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ALL THE SHORTLISTED CANDIDATES ARE INSTRUCTED TO DOWNLOAD & FILL THE SCRUTINY PROFORMA BEFORE COMING FOR SCRUTINY OF DOCUMENTS.

DECLARATION FORMS SHOULD ALSO BE DOWNLOADED & FILLED BEFORE COMING FOR SCRUTINY.

Following Documents should be brought in original along with one set of self-attested copies of those, arranged in sequence and 2 recent passport sixe photos for submitting to the scrutiny committee.

1. High School/Higher Secondary School Certificate – for proof of date of birth
2. MBBS Mark Sheets all Professionals & Degree
3. MD Mark Sheet & Degree
4. MCI Registration – UG & PG
5. Attempt Certificate – UG & PG
6. Teaching Experience Certificate
7. Publications - copy of all as per MCI Norms
8. Certificates of National/State Conferences of the subject where candidate has presented a research paper.
9. ID Proof
10. 3 Filled Declaration Forms & 1 Bond Form attached on a plain paper
11. Any other relevant document.

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deangmcvidisha@gmail.com, Website: www.gmcvidisha.org

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Date:

Government Medical College, Vidisha (M.P.)

Scrutiny Proforma

Check List (To be filled by Applicant)

Eligible/Not Eligible

Subject	Post	Category
		UR/ST/SC/OBC:

Name of Applicant:_____

Date of Birth (dd/mm/yyyy):_____/_____/_____ Age/Sex_____

Marital Status (If married, age at marriage)_____, No. of Children_____

Present institute and Designation of work_____

Mobile No._____, Email ID:_____

Original documents

1	High School/Higher Secondary	Yes / No
2	MBBS Marksheets Aggregate Percentage .....%	Yes / No
3	MBBS Degree	Yes / No
4	No. of attempts in MBBS.....(Attempt certificate)	Yes / No
5	MD/MS degree, Subject ..... Year	Yes / No
6	No. of attempts in MD/MS.....(Attempt certificate)	Yes / No
7	MBBS registration	Yes / No
8	MD/MS registration	Yes / No
9	Experience certificates	Yes / No

Teaching Experience-

POST	Name of Institute	Recognized by MCI (Yes/No)	From	To	Duration
Professor					
Associate Professor					
Assistant Professor					
SR					
Tutor					

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PROFORMA FOR SCRUTINY AND APPROVAL OF PUBLICATIONS

NAME POST APPLIED FOR Department

Mention only original research articles/papers(No case reports/case series etc) [To fill columns 1 to 6]

S. No.	Publication Title & Journal Detail	Type Of Article	Published During Tenure Of Professor /Assoc. Prof/Assist Prof./ Pg/TuTor	Author Number First / Second/ Corresponding Author	Indexed In (As Per Mci Norms*) & ISSN no.	Journal Type National (N) / International (I)	Approval As Per Mci Norms* /Comment Of Subject Expert	Approval As Per Mci Norms /Comments Of Scrutiny Committee
	1	2	3	4	5	6		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* 1. SCOPUS , 2. PUB MED, 3.MEDLINE, 4.EMBASE/ EXCERPTA MEDICA, 5.INDEX MEDICUS, 6. INDEX COPERNICUS

I declare that the information given above is correct to the best of my knowledge. If the information given above is found to be incorrect, my candidature/appointment shall be cancelled without information.

SIGNATURE OF CANDIDATE

SIGNATURE OF SUBJECT EXPERT Name :-	SIGNATURE OF SCRUTINY COMMITTEE Name:-

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- Written Book/Chapter. If yes, give details and attach copy/proof.....

  .....

- Editor/member of editorial board(attach proof)
- Conferences attended as speaker

  National : .....

  International: .....
- Duration of Administrative experience as Head of Department .....
- Certificate of Award if have_____
- Certificate of Fellowships:
  Subject_____Duration_____
- Caste Certificate by Competent Authority_____
- M.P. Domicile (Yes/No)_____
- Identity Card (Adhaar Card/PAN Card/Driving license/Voter ID)_____

(Copy of all the relevant documents to be self attested and attached)

I declare that I am eligible as per MCI norms for the post I have applied for and I declare that the information given above is correct to the best of my knowledge. If the information given above is found to be incorrect, my candidature/appointment shall be cancelled without information and I am liable for judicial action.

(Signature)
Applicant

Name:_____

(Signature)
Scrutiny Officer

Name:_____

Designation:

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शपथ पत्र
(सम्यक रूप से स्टांपित)

मैने शैक्षणिक सत्र 2017–18 मे एम.सी.आई निरीक्षण के दौरान चिकित्सा महाविधालय.....शहर.....विभाग.....के.....पद पर दिनांक.....को अपनी गणना करवाई थी।

उक्त महाविधालय को संबधित वर्ष मे MCI द्वारा मान्यता दी गयी थी / निरस्त कर दी गयी थी।

शपथ ग्रहिता

(नाम एंव हस्ताक्षर)

पता.....

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शपथ पत्र

(सभ्यक रूप से स्टांपित)

मै .....माता/पिता/पति का नाम श्रीमान/श्रीमति.....
.....आयु.....निवासी.....
राज्य.....शपथपूर्वक कथन करता/करती हूँ :–

1. यह कि दिनांक .....को चिकित्सा महाविद्यालय.....में .....विषय के .....पद के लिये साक्षात्कार में उपस्थित हुआ/हुई।
2. यह कि साक्षात्कार के परिणाम आने के पश्चात मेरा चयन होता है, तो मैं महाविद्यालय द्वारा दी गई समयावधि में अपना कार्यभार ग्रहण करने हेतु बाध्य रहूँगा/रहूँगी।
3. यह कि चयन होने के पश्चात दिये गये समयावधि में, मैं अपना कार्यभार ग्रहण नहीं करता/करती हूँ, तो महाविद्यालय को यह अधिकार होगा कि वह मेरा चयन रद्द कर सकते है। तथा अगले दो वर्ष तक मध्य प्रदेश के किसी भी स्वशासी चिकित्सा महाविद्यालय की चयन में किसी भी पद पर आवेदन करने हेतु मै अनर्हित रहूँगा / रहूँगी।
4. यह कि मेरे द्वारा प्रस्तुत किये गये प्रमाण पत्रों में भविष्य में कोई विसंगती अथवा गलती पाई जाती है, तो महाविद्यालय को यह अधिकार होगा कि वह मेरी सेवा को समाप्त कर सकता है।
5. यह कि किसी भी वाद–विवाद की स्थिति में महाविद्यालय का निर्णय सर्वमान्य होगा।

शपथ ग्रहिता

(नाम एवं हस्ताक्षर)

पता .....

.....

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बंध–पत्र

(सम्यक रूप से स्टांपित किया जावे एवं जो लागू न हो उसे काट दे)

1. मैं .....पुत्र/पुत्री/पत्नी श्री ..... निवासी ..... मध्यप्रदेश के स्वशासी चिकित्सा महाविद्यालय विदिशा मे सहायक–प्राध्यावक /सह–प्राध्यापक /प्राध्यापक के पद पर चयन हेतू उम्मीदवार हूँ।
2. यदि मेरा चयन उक्त पद हेतु स्वशासी चिकित्सा महाविद्यालय, विदिशा में हो जाता है, तो मे निरंतर 3 वर्ष की सेवा उक्त महाविद्यालय में दूंगा/दूंगी।
3. यदि किसी भी कारणवश में अपने पद से 3 वर्ष की सेवा के पूर्व त्याग पत्र देता/देती हूँ, या पद छोड़ता/छोड़ती हूँ, तो ऐसी स्थिति में, मैं संबंधित स्वशासी संस्था को पूरे 01 वर्ष के वेतन के बराबर की राशि का भुगतान करूँगा/करूँगी, ऐसा न करने की स्थिति में यह राशि भू–राजस्व की बकाया राशि की तरह वसूल की जा सकेगी।

शपथग्रहिता

सत्यापन

मैं सत्यापित करता /करती हूँ, कि मेरे द्वारा बंध पत्र में दी गई समस्त जानकारी मेरे निजी ज्ञान व विश्वास के आधार पर सही है, इसमें किसी भी तथ्य को छुपाया नहीं गया है। सत्यापन आज दिनांक.....को शहर.....में किया गया।

शपथग्रहिता

साक्षीगण :–

1. नाम .....
   पता .....
   .....
   हस्ताक्षर
2. नाम .....
   पता .....
   .....
   हस्ताक्षर

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