



Government of Jammu and Kashmir
Government Medical College & Associated Hospitals Srinagar
10-Karan Nagar, Srinagar, J&K-190010
(Hospital Section)



Advertisement Notice No: 01 AH of 2025

Dated: 17 -01-2025

Date of Commencement for submission of applications	<u>20</u> -01-2025
Last Date for Submission of applications.	<u>03</u> -02-2025

Applications on the prescribed format (**Annexure-A**) are invited from eligible candidates of Union Territory of Jammu & Kashmir for engagement against the following positions on Academic Arrangement Basis under S.O. 364 of 2020 Dated: 27-11-2020, as per the following eligibility criteria shown against each:

S.No.	Category/ Name of Post	Eligibility Criteria	No. of Posts
01.	Ophthalmic Assistant/ Jr. Ophthalmic Assistant/Refractionist/ Optromist /Jr. Refractionist, Jr. Ophthalmic Tech. Pay Level-4 (25500-81100)	10+2 with Science or above qualification with minimum diploma/degree in Ophthalmic Assistant including Refractionist course from any recognized Institution/State Medical Faculty/J&K Paramedical Council.	04

Terms & Conditions:

1.	Nature of Engagement	The engagement against the advertised posts shall be governed as per S.O. 364 of 2020 Dated: 27-11-2020 which shall and shall always be on Academic Arrangement Basis without conferment of any preferential right for regular appointment against these posts which shall be made strictly in accordance with the relevant recruitment rules.
2.	Period	Initially for a period of one year or till the posts are filled up on regular basis by the competent authority (whichever is earlier).
3.	Salary	The engaged person shall be paid salary at the minimum of pay scale in accordance with S.O 364 of 2020 Dated: 27-11-2020.
4.	Agreement	The selected Candidates shall have to enter into an agreement with this institution to the effect that they will not leave the job before the completion of one year's contract. Abandoning/ termination of the agreement as the case may be will require one month's prior notice on either side failing which the salary will not be paid for one month to the incumbent which shall always remain in deposit with the Department and shall be released on completion of sanctioned term.
5.	Age	The age of the applicant at the time of submission of application must not be:- I) Below 18 years: and II) Above 63 years.

Note:


1. The Candidates must be in possession of all required documents and no document/certificate issued beyond the cutoff date shall be accepted/ entertained.
2. In case of large number of applications, the candidates shall be shortlisted for the written test as per availability of space/resources.
3. The selection shall be made purely on the basis of merit obtained by the candidate in the written test, if required, which shall be notified subsequently after cutoff date.
4. In case any post of the aforesaid categories gets filled up on regular basis during the intervening period from the date of issuance of this notification to the date of selection, such posts shall be deemed to have been withdrawn/deleted from the notification and the final selection shall be made as per availability of posts at the time of selection.

The desirous candidates shall submit the application form along with the following documents by hand in the office of the **Administrator Associated Hospitals Srinagar (Hospital Section Room No. 322)** w.e.f. 20-01-2025. No forms shall be entertained after cutoff date.

Requisite Documents to be appended with Application Form:

- a. Application form duly filled-in with photograph affixed at the earmarked space.
- b. Pay in slip for an amount of **Rs. 1000/-** (credited to Account No: **0349040100007655**) duly stamped and signed by the Bank authorities as per **Annexure-B**.
- c. Date of Birth Certificate.
- d. Domicile Certificate.
- e. 10+2 Certificate.
- f. Diploma/Degree Certificate or having higher qualification in the relevant field.
- g. Year wise marks sheets of Diploma/Degree certificates.
- h. Category Certificate, if any.

"Application form to be downloaded from GMC Website: <https://www.gmcs.ac.in>"


{Prof. (Dr.) Iffat Hassan}
Principal/Dean,
Govt. Medical College, Srinagar
Dated: 17-01-2025

No: AH/GMCS/AAB/2025/ 5601-06
Copy to the:-

1. Secretary to Government, Health & Medical Education, Civil Secretariat Jammu/Srinagar.
2. Administrator Associated Hospitals Srinagar.
3. Joint Director Information with the request that the Advertisement notice may kindly be got published in the prominent local dailies for two consecutive days preferably in Greater Kashmir, Daily Aftab and Srinagar Times.
4. Personnel Officer Associated Hospitals Srinagar.
5. Administrative Officer Govt. Medical College Srinagar.
6. I/C Website, Govt. Medical College Srinagar for necessary action.



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10-Karan Nagar, Srinagar, J&K-190010



Annexure: A
Application Form For Filling Up Of Posts On Academic Arrangement Basis

Form No:

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(for office use only)

Application for the post of: _____

Advertisement Notification No: _____ Date: _____

(To be filled in by the candidate in **BLOCK LETTERS**)

Recent
Passport size
Photograph

1. Name of the Applicant: _____

2. Father's/Husband's/Guardian's Name: _____

3. Gender: Male(____) Female(____) Others (____)

4. Date of Birth: _____ Age as on date: _____ Years, _____ Months, _____ Days

5. Permanent Home Address: _____

Pin code: _____

6. Address for Correspondence: _____

Pin code: _____

7. Contact No: _____ E-mail ID: _____

8. Category (if any): _____ Aadhar Number: _____

9. Academic/Technical Qualification:

S. No.	Examination Passed	Name of the Institution/Board/College/University	Roll No.	Year of Passing	Subject	Aggregate Marks	Percentage

10. Declaration by the Candidate:

- a. I hereby declare that the information provided herein above is true and correct to the best of my knowledge.
- b. I have not concealed any information and in case if any of the particulars/information given herein above is found incorrect or false, my candidature for the Interview/entrance examination may be cancelled.
- c. In the event any wrong statement/discrepancy is found at any stage, my selection may be cancelled.

Signature by the Candidate

Total Enclosures submitted: _____ Dated: _____

Documents Enclosed:

- | | |
|--|----------------------------------|
| i) DOB (Matriculation Certificate) | iii) Domicile Certificate |
| ii) All Marks Sheets/Diploma/Degree Certificates | iv) Category Certificate(if any) |

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GMC COPY

APPLICANT COPY

APPLICANT COPY



The Jammu & Kashmir Bank Ltd.
Pay in Slip for
Government Medical College & its Associated
Hospitals, Srinagar

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A/c Number: 0349040100007655
A/c Branch: GMC, Srinagar.
Payable to: Accounts Officer (AH), Srinagar.

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A/c Branch: GMC, Srinagar.
Payable to: Accounts Officer (AH), Srinagar.

Date: _____ Tran ID/Scroll No. _____
(To be filled in by the Bank)

Date: _____ Tran ID/Scroll No. _____
(To be filled in by the Bank)

Date: _____ Tran ID/Scroll No. _____
(To be filled in by the Bank)

Name of Applicant: _____

Name of Applicant: _____

Name of Applicant: _____

S/o, D/o, W/o _____

S/o, D/o, W/o _____

S/o, D/o, W/o _____

R/o _____

R/o _____

R/o _____

Post Applied for _____

Post Applied for _____

Post Applied for _____

Received the sum of Rs. _____

Received the sum of Rs. _____

Received the sum of Rs. _____

In Words _____

In Words _____

In Words _____

Bank Charges Rs. _____

Bank Charges Rs. _____

Bank Charges Rs. _____

Total Amount Rs. _____

Total Amount Rs. _____

Total Amount Rs. _____



Bank Seal & Signature



Bank Seal & Signature



Bank Seal & Signature

S.