

**GOVERNMENT OF MEGHALAYA
OFFICE OF THE DIRECTOR OF HEALTH SERVICES
MEDICAL EDUCATION & RESEARCH (DME), MEGHALAYA
PASTEUR HILLS, SHILLONG**

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No. DHSME&R/SMC-HR/267/2025/392

Dated: Shillong, the 10th June, 2025.

**Application for the Post of Associate Professor (Lateral Entry) at
Shillong Medical College, SMC Shillong.**

The Office of the Director of Health Services, Medical Education & Research (DME), Meghalaya, invites applications from eligible in-service doctors to fill the vacant posts of **Associate Professor** in various disciplines for the proposed Shillong Medical College.

Eligible candidates intending to appear for the interview must submit a completed application form, including **Declaration (Annexure - I)** and **Proforma (Annexure - II)**, either by email to smcfacultyrecruitment25@gmail.com or by post to the Office of the Director of Health Services (Medical Education & Research), Lawmali, Shillong 793001.

The last date and time for submission is 5:00 PM on 25th June 2025.

1. DETAILS OF VACANT POSITION OF ASSOCIATE PROFESSOR

S.L. No.	Department	Vacant Posts
1	<i>Anatomy</i>	N/A
2	<i>Physiology</i>	N/A
3	<i>Biochemistry</i>	1
4	<i>Pharmacology</i>	1
5	<i>Pathology</i>	N/A
6	<i>Microbiology</i>	N/A
7	<i>Forensic Medicine</i>	1
8	<i>Community Medicine</i>	1
9	<i>General Medicine</i>	1
10	<i>Paediatrics</i>	N/A

11	<i>Dermatology</i>	1
12	<i>Psychiatry</i>	N/A
13	<i>General Surgery</i>	1
14	<i>Orthopaedics</i>	1
15	<i>Otorhinolaryngology</i>	1
16	<i>Ophthalmology</i>	1
17	<i>Obstetrics & Gynaecology</i>	1
18	<i>Anaesthesiology</i>	1
19	<i>Radiodiagnosis</i>	1
20	<i>Dentistry</i>	N/A
TOTAL No.		13

2. ESSENTIAL QUALIFICATIONS & EXPERIENCE:

- a) **The candidate must possess an MD/MS/DNB/DM/M.Ch or an equivalent qualification in the relevant discipline from a medical college that is approved, recognized, or permitted by the National Medical Commission (NMC) or the erstwhile Medical Council of India (MCI). *The qualification must conform to the standards prescribed under the Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022, or the proposed revision under the Teachers Eligibility Qualifications, 2024 (Draft), issued on 17th January 2025, specifically under Section 3.12 – Relaxation of Eligibility Norms for Non-Teaching Consultants, Specialists, and Medical Officers Serving in Government Hospitals, subject to its formal acceptance and notification by the National Medical Commission (NMC), and as may be amended from time to time.***
- b) ***With reference to Section 3.12 of the Teachers Eligibility Qualifications (TEQ) 2024, the provision shall apply subject to its final acceptance and notification by the National Medical Commission (NMC):***

A non-teaching Consultant, Specialist, or Medical Officer possessing a postgraduate medical degree and having a minimum of **ten years (10)** of experience in the concerned specialty, while serving in a government hospital with **at least 220 beds** whether teaching or non-teaching shall be eligible for

appointment as **Associate Professor** in the respective broad specialty. The candidate must have completed the Basic Course in Biomedical Research (BCBR) prior to becoming eligible for such appointment. Subsequent promotions to higher teaching positions shall be governed in accordance with the criteria specified in Tables 1A and 1B of the relevant regulations. Furthermore, the appointee shall be required to complete the Basic Course in Medical Education Technology (BCMET) within three years from the date of appointment, if such a requirement applies to the concerned specialty.

- c) The candidate must hold permanent registration with the Meghalaya State Medical Council after obtaining the qualifying degree.
- d) The candidate must be a serving Medical Officer/Specialist under the Health & Family Welfare Department, Government of Meghalaya, and must be holding a substantive position at the time of application.

3. **UPPER AGE LIMIT:** As per Service Rules.

4. **PAY & ALLOWANCES:** In-service candidates applying for the post on deployment shall have their pay protected. Additionally, they will receive a Teaching Allowance as decided by the Health & Family Welfare Department.

5. **TENURE OF POST:** Associate Professor shall have a tenure of three to five years from the date of assumption of charge or until promotion to Professor, subject to adherence to the prescribed norm and fulfilment of the criteria set by the National Medical Commission (NMC) from time to time.

6. **PROBATION:** Not applicable.

7. PROCEDURE FOR APPLICATION / NOMINATION:

- a) Eligible candidates may directly appear for the walk-in interview before the subject expert panel, subject to document verification, at the office of the Director of Health Services (Medical Education & Research), Plot No. 02, Pasteur Institute, Lawmali, Pasteur Hills, District: East Khasi Hills, Shillong, Meghalaya 793001, on 27th or 30th June 2025.

- b) Candidates appearing for the walk-in interview shall submit self-attested copies of certificates in support of their essential qualifications, experience, and proof of date of birth as per the prescribed proforma at the time of the interview. They are also required to produce the original documents for verification. Additionally, a copy of the appointment letter indicating the date of joining in the current service must be submitted.
- c) Eligibility criteria, including prescribed educational qualifications, age, and experience, shall be assessed as on the date of the walk-in interview.
- d) Any form of canvassing shall result in disqualification and cancellation of candidature.
- e) This advertisement is also available on the official website: <https://www.meghealth.gov.in>
- f) All applicants must submit a duly signed declaration along with the completed application form.

Note: For any queries, please contact: Phone: 0364–2591570 / +91–9485106663

ANNEXURE-I

DECLARATION

I, **[Your Full Name]**, hereby give my unconditional consent to accept the position of **Associate Professor** at **Shillong Medical College, Shillong**, if selected. I affirm that my service shall be rendered not only for the people of **Meghalaya** but also in the broader interest of the **nation**.

I further declare that I accept this appointment without any reservations or conditions and shall abide by the rules, regulations, and policies governing my employment as prescribed by the competent authorities.

Signature

Name & Designation

Place: _____

Date: _____

ANNEXURE -II

PROFORMA

(Name and particulars of candidate for the post of **Associate Professor**, 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: _____