

Applications are invited for the faculty positions.

Sl. No.	Post & Department	No.of Post	Qualification & Experience
01	PROFESSOR <ul style="list-style-type: none"> ■ Endocrinology ■ Medical Oncology ■ Hospital Administration 	01 01 01	DM/ MD in Respective Subjects
02	ASSOCIATE PROFESSOR <ul style="list-style-type: none"> ■ Ophthalmology ■ Rheumatology ■ Surgical Oncology 	01 01 01	MS/ DM/ M.Ch in Respective Subjects
03	ASSISTANT PROFESSOR <ul style="list-style-type: none"> ■ Rehabilitation Psychology ■ Surgical Gastroenterology ■ General Surgery ■ Medical Oncology ■ Surgical Oncology ■ Neuro Surgery 	01 01 02 01 01 01	M Phil/ MS/ DM/ M.Ch in Respective Subjects
04	SENIOR RESIDENT <ul style="list-style-type: none"> ■ General Surgery ■ Anatomy ■ Community Medicine ■ Forensic Medicine 	02 03 01 01	MD/MS in Respective Subjects

Note: 1. Qualification and experience as per NMC / RCI Norms

The application form may be downloaded from the JSS AHER Website: www.jssuni.edu.in and the duly filled application form shall be submitted **on or before 29-04-2023** to the Principal, JSS Medical College, Sri Shivarathreeshwara Nagar, Mysuru - 570 015 along with the application fee of Rs. 200/- through DD, drawn in favour of the **Registrar, JSS AHER, Mysuru.**

Sd/- REGISTRAR

b) Undergraduate:

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

c) Postgraduate (Degree / Diploma)

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

8. a) Work Experience (Please list your previous employment details starting with the latest / Chronologically).

Sl. No.	Name of the Employer	Period	Design / Post held	Scale of Pay	Total Emoluments (₹)

b) Administrative or other experience:

c) Details of Membership of Academic / Professional bodies / Registration No.....

d) Details of Publication & Research

9. a) Name & address of 2 references:

1. _____	2. _____
_____	_____
_____	_____
_____	_____

b) Indicate your willingness to work anywhere in India / abroad.

10. Details of fee paid: - Application Fees Rs. _____ receipt No./DD No. _____
& date _____ (Receipt / DD should be enclosed with the application).

11. List of Enclosures:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Declaration: - I attach attested copies of the above certificates / degrees, in support of age, category, qualification and experience etc. The information given above is true & correct to the best of my knowledge.

Place:

Date:

(Name and signature of the candidate)

Note: - application may be sought by paying cash of Rs.200/- in the Office of JSS Academy of Higher Education & Research, Medical Education Institutions Campus, Sri Shivarathreeshwara Nagara, Mysuru.

OR

Application may be downloaded from the website "www.jssuni.edu.in" and filled application may be submitted to the above address along with DD of Rs.200/- payable at Mysuru in favour of "**Registrar, JSS Academy of Higher Education & Research, Mysuru**".