

MAHATMA GANDHI UNVIERSITY  
KOTTAYAM  
SCHOOL OF MEDICAL EDUCATION

**NOTIFICATION**

No. 1860A/07/2/SME/SFI

P. D Hills,  
Date:02.06.2007

Applications are invited for the post of Lecturers and Associate Professors in Nursing, for the School of Medical Education, a self-financing institution under the University. The candidates applying for the post of lecturer must be Post Graduates in Nursing and Associate Professor candidates must have 5 years of collegiate teaching experience after PG. The appointment will be on a scale of pay of Rs. 10000-325-15200 for Lecturers and Rs. 14300-450-19250 for Associate Professors and the age limit will be as per the Government Rules. Applications on contract basis for the posts of Associate Professor are also invited on a consolidated remuneration of Rs. 15,000/- (Rupees Fifteen Thousand only) per month. In such cases, the consolidated remuneration is negotiable for exceptionally qualified candidates. Candidates opting for the Regional Centre of SME at Nedumkandom shall be given a special allowance of Rs. 1500/- (Rupees One Thousand and Five Hundred only) per month. The posts are temporary and are conditional on the financial viability of the institution. Format of application can be downloaded from the University website [www.mguniversity.edu](http://www.mguniversity.edu). Applications with attested copies of certificates to prove age, caste and qualification, with a DD for Rs. 300/- as registration fee drawn in favour of the Finance Officer, Mahatma Gandhi University, payable at SBT, Mahatma Gandhi University Campus Branch, Priyadarshini Hills. The duly filled in application forms should reach the Deputy Registrar (SFS) on or before 20.06.2007 positively.

P D Hills

Sd/-  
**REGISTRAR**

DD No.& Date  
Name of SBT

Affix recent  
passport size  
photograph

**MAHATMA GANDHI UNIVERSITY  
SCHOOL OF MEDICAL EDUCATION**

**APPLICATION FOR THE POST OF.....  
as per Notification No. ....dtd. ....  
(To be appointed as Lecturer/Associate Professor 'temporary on scale of pay'  
in the School of Medical Education, a self financing institution under the University)**

Name (in Block Letters)	
Age & Date of birth	
Religion and Caste (Reservation if any)	
Sex and Marital status	
Permanent Address	Address to which communications are to be sent (with PIN CODE)  Phone No:

**Educational Qualifications**

Exam passed	Year of passing	Marks Obtained	Maximum Marks	% of marks	Name of University/Board
Degree P.G (Specialization)					

**Experience**

Name of Institution	Post held	Years & Months

**DECLARATION**

I,..... do hereby declare that the information given above are true to the best of my knowledge and belief and true copies of certificates proving age, caste, qualifications and experience are placed herewith.

Place  
Date

Signature of Applicant