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| <br>सत्यमेव जयते | <p style="text-align: center;"><b>महाराष्ट्र शासन</b><br/> <b>शासकीय वैद्यकीय महाविद्यालय, बुलढाणा.</b><br/> <b>Government Medical College, Buldhana</b></p> <p>Tel: 07262- 295240      e-mail: <a href="mailto:gmcbuldhana@gmail.com">gmcbuldhana@gmail.com</a></p> |  |
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No. GMCB/DSB/Tutor or Demonstrator/ 1775 /2025

Date: 20.10.2025

## **ADVERTISEMENT: Tutor / Demonstrator (Temporary/Contractual)**

Applications are invited for Tutor / Demonstrator on temporary (Contractual) basis through Divisional selection board (DSB) at Govt. Medical College , Buldhana.

The candidate is advised to carefully read all rules & regulations before filling application form.

***Application forms will be available in Gazette Section of College on payment of Rs.200/-. At Cash section of college. Application form should be submitted along with all required documents.***

The Candidate is required to submit application form in-person (Candidate or anybody on behalf of Candidate) between **24/10/2025 to 31/10/2025**.

**The application should be submitted to Mr. Mahadev Kavale, Senior clerk & Shewta Bairagi, Junior Clerk in Gazetted section of college between 11:00 Am to 5:00 PM.**

No application will be considered if institute receives application via post/email.

### **ELIGIBILITY:**

- ✓ **Candidate who has passed MBBS qualification.**
- ✓ **Candidate must have permanent registration of MCI/MMC with recent renewal.**

### **RULES & SELECTION PROCESS (before filling application forms read rules carefully):**

1. Candidates will be appointed for a period of 120 days.
2. Candidate must have passed MBBS.
3. The temporary/Contractual selection will be of 120 Days only. In case the Commissioner office/DMER undertakes central DSB then services will be terminated of all selected candidates without any prior notice.
4. Application should be submitted in the given format only. Candidate should verify the submitted information in application form. In case of wrong / false information submitted by the candidate and if brought to the notice by other candidates, the application is liable for rejection, and he/she will be facing legal consequences also.
5. Candidates should fill the application form in the given format only in his/her own handwriting. Prepare "one PDF" Scan copy of application all required documents.
6. Maximum age limit for appointment will be: 45 years



**महाराष्ट्र शासन**  
**शासकीय वैद्यकीय महाविद्यालय, बुलढाणा.**  
**Government Medical College, Buldhana**



Tel: 07262- 295240

e-mail: [gmcbuldhana@gmail.com](mailto:gmcbuldhana@gmail.com)

7. **Category candidates should produce Caste certificate, Caste validity & Non- Creamy layer certificate valid up to 31-3-2026 (if applicable).** If candidates are not submitting category claim documents as on the last day of application submission, they will be considered as Open category candidates. Submission of such documents after last date/during interview will NOT be acceptable for category claim.
8. **Candidates claiming EWS should submit the current year EWS certificate in the specified format by the Govt. (Annexure-A).** If Candidates are not submitting EWS claim document as on the last day of application submission, they will be considered as Open Category Candidates. Submission of such documents after last date/during interview will NOT be acceptable for EWS claim.
9. For each attempt in MBBS exams 2 marks will be deducted from the total marks of Final year and corrected marks will be taken into consideration for preparing provisional merit list.
10. **Selection of candidates as per rules there of will be:**
  - Candidate will be called for interview based on provisional candidates list.
  - Candidates will be required to produce all original certificates for verification at the time of interview.
  - Candidates will be allowed for interview based on Documents verification by the DSB committee /Scrutiny team. No documents will be allowed to be added after cut-ff date of application submissions.
  - Selection of candidate will be based on Marks obtained in the interview.
  - Candidate must attend interview for selection process, failing which the claim stands cancelled. No other person on behalf on candidate will be allowed during interview.
  - Preference will be given to candidates with Higher Qualification, followed by those having experience as Tutor/Demonstrator, then Bonded candidates, and finally to non-Bonded candidates.
  - First Preference for selection will be given to **MBBS candidates from GMC Buldhana** followed by other candidates from Govt. Medical Colleges of Maharashtra.
  - If seats remain vacant it will be allotted to candidates from private college of Maharashtra affiliated to MUHS-Nashik, followed by deemed university Candidates of Maharashtra, followed by other state Candidates, followed by candidates who have done MBBS from outside INDIA (such candidates should submit all necessary documents of exit exams & registrations).
  - Seats remaining vacant from any category will be allotted to candidates of remaining categories. Final decisions for allocating the vacant seats will be taken by selection committee.
11. For any reason if Candidates is not able to attend selection process, other person (proxy) on behalf of Candidate will **NOT** be allowed to represent him/her.
12. **Received applications list & Selection list** will be displayed on the Govt. Medical College and Hospital Notice Board & Institute website ([www.gmcbuldhana.com](http://www.gmcbuldhana.com)) as per the schedule. Candidates are advised to check Notice board/institute website regularly.

|                                                                                                   |                                                                                                                                                                                                                                                                                      |                                                                                     |
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**13. Private practice of any kind is NOT permitted during the period of appointment.**

14. Disciplinary action will be taken by the department based on report of the Head of the department regarding absenteeism/ irregularity in the duties/Nuisance/any other complain as may be. The candidate shall be liable for termination without prior notice.
15. Any sort of canvassing directly or indirectly will be treated as disqualification and candidature of such candidate shall be rejected at any stage.
16. All applicants to note that, the Dean GMC Buldhana may depute for duties of disaster management in any colleges-Zone/Health camps/VIP duties/Administrative responsibilities, etc.
17. Candidate should regularly check college website [www.gmcbuldhana.com](http://www.gmcbuldhana.com) for all information & changes related to Advertisement / amendments if any. The information published in the institute website shall be treated as official/authentic and no personal communication shall be made to the applicant.
18. The decision of Dean shall be final and binding in case of any issue or dispute related with the process of selection & appointment.
19. Dean Govt. Medical College, Buldhana reserves the right to do amendments/changes in advertisements & may also withhold/withdraw/cancel the advertisement.

**DEAN**  
Govt. Medical College, Buldhana

**NOTE:**

Another website (Govt/Private) is NOT ALLOWED to advertise on their websites - all students to note, Govt. Medical College, Buldhana has **NOT** appointed any agency (Govt/Private) for this advertisement / Facilitation or guidance center.

|                                                                                                   |                                                                                                                                                                                                                           |                                                                                     |
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**Self-attested copies photocopies of Certificates to be attached to application form as may be applicable...**

|    |                                            |    |                                                                                                                                         |
|----|--------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------|
| 01 | Nationality, Age & Domicile                | 08 | Caste Certificate                                                                                                                       |
| 02 | MBBS Passing                               | 09 | Caste Validity(If validity is Not submitted as on last date of application then the candidate will be considered in OPEN category)      |
| 03 | I to Final MBBS Marks Sheets               | 10 | Non Creamy Layer Certificate (valid up to 31-3-2026)<br>If NCL is Not submitted then the candidate will be considered in OPEN category. |
| 04 | MBBS Attempt certificate                   | 11 | Current year EWS certificate in the specified format (Annexure A)                                                                       |
| 05 | Internship Completion Cert.                | 12 | Experience certificate as Medical Officer (if any)                                                                                      |
| 06 | MBBS Passing & Degree                      | 13 | Outside Country Candidates:<br>Exit exams clearance documents                                                                           |
| 07 | MCI/MMC Registration<br>MMC Recent Renewal | 14 | -----                                                                                                                                   |

**Schedule of events:**

|                                                                                                                    |                                 |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Date of advertisement                                                                                              | <b>24/10/2025</b>               |
| Submission of application forms in person                                                                          | <b>24/10/2025 to 31/10/2025</b> |
| Last date of submission in person(Up to 5 PM)                                                                      | <b>31/10/2025</b>               |
| <b>Interview sharp at 11:00 AM</b><br>Candidate should bring all relevant documents                                | <b>01/11/2025</b>               |
| Provisional Selection List on <a href="http://www.gmcbuldhana.com/">www.gmcbuldhana.com/</a> college Notice Board. | <b>02/11/2025</b>               |
| Joining period (Up to 5 PM)                                                                                        | <b>03/11/2025 to 08/11/2025</b> |

|                                                                                                   |                                                                                                                                                                                                                                                                      |                                                                                     |
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**Tutor / Demonstrator available Posts :**

| Govt. Medical College, Buldhana Available Posts: 25 |                    |       |    |    |    |      |      |      |     |     |     |      |      |
|-----------------------------------------------------|--------------------|-------|----|----|----|------|------|------|-----|-----|-----|------|------|
| Sr.No                                               | Department         | Posts | SC | ST | VJ | NT-1 | NT-2 | NT-3 | SBC | OBC | EWS | SEBC | OPEN |
| 1                                                   | Anatomy            | 4     | 1  | -  | -  | -    | 1    | -    | -   | 1   | -   | -    | 1    |
| 2                                                   | Physiology         | 3     | -  | 1  | -  | -    | -    | -    | -   | -   | 1   | -    | 1    |
| 3                                                   | Biochemistry       | 3     | -  | -  | -  | -    | -    | 1    | -   | -   | -   | 1    | 1    |
| 4                                                   | Pathology          | 4     | 1  | -  | -  | -    | -    | -    | -   | 1   | -   | 1    | 1    |
| 5                                                   | Pharmacology       | 3     | -  | 1  | -  | -    | -    | -    | -   | 1   | -   | -    | 1    |
| 6                                                   | Microbiology       | 4     | 1  | -  | -  | -    | -    | -    | -   | 1   | 1   | -    | 1    |
| 7                                                   | Community Medicine | 2     | -  | -  | 1  | -    | -    | -    | -   | -   | -   | 1    | -    |
| 8                                                   | F.M.T              | 2     | -  | -  | -  | -    | -    | -    | 1   | -   | -   | -    | 1    |
| Total                                               |                    | 25    | 3  | 2  | 1  | -    | 1    | 1    | 1   | 4   | 2   | 3    | 7    |

- स्वाक्षरी -

DEAN  
Govt. Medical College, Buldhana

APPLICATION FORM FOR THE POST OF **TUTOR / DEMONSTRATOR****Personal Details (in Block Letters)**

|                     |  |                                                        |
|---------------------|--|--------------------------------------------------------|
|                     |  | <i>Please attached recent passport size photograph</i> |
|                     |  |                                                        |
| <b>1. Full Name</b> |  |                                                        |

|                                    |  |
|------------------------------------|--|
| <b>2. Father's /Husband's Name</b> |  |
|------------------------------------|--|

|                                      |  |
|--------------------------------------|--|
| <b>3. Address for Correspondence</b> |  |
|--------------------------------------|--|

|                             |  |
|-----------------------------|--|
| <b>4. Permanent Address</b> |  |
|-----------------------------|--|

|                           |  |
|---------------------------|--|
| <b>5. E-mail Id</b>       |  |
| <b>6. Phone/Cell No.1</b> |  |
| <b>Phone/Cell No.2</b>    |  |
| <b>Land Line No.</b>      |  |

|                                                               |          |          |          |          |          |          |          |          |  |
|---------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| <b>7. Date of Birth (Please attach document for evidence)</b> | <b>D</b> | <b>D</b> | <b>M</b> | <b>M</b> | <b>Y</b> | <b>Y</b> | <b>Y</b> | <b>Y</b> |  |
|                                                               |          |          |          |          |          |          |          |          |  |
| <b>8. Nationality</b>                                         |          |          |          |          |          |          |          |          |  |
| <b>9. Name of the State to which you belong</b>               |          |          |          |          |          |          |          |          |  |
| <b>10. Gender (Male / Female)</b>                             |          |          |          |          |          |          |          |          |  |
| <b>11. Category of the Candidate</b>                          |          |          |          |          |          |          |          |          |  |
| <b>12.Cast Certificate, Cast Validity</b>                     |          |          |          |          |          |          |          |          |  |
| <b>13. NCL (If Applicable) Valid to 31/3/2026</b>             |          |          |          |          |          |          |          |          |  |

| 12. Details of Educational Qualifications: |                                                      |                        |                     |            |                       |
|--------------------------------------------|------------------------------------------------------|------------------------|---------------------|------------|-----------------------|
| Examination Passed                         | University/Board/Institution /Council of examination | Month, Year of Passing | Total Marks Secured | Percentage | No. of Extra Attempts |
|                                            |                                                      |                        | Total Marks         |            |                       |
| Secondary (10 <sup>th</sup> )              |                                                      |                        |                     |            |                       |
| Senior Secondary(12 <sup>th</sup> )        |                                                      |                        |                     |            |                       |
| First MBBS                                 |                                                      |                        |                     |            |                       |
| Second MBBS                                |                                                      |                        |                     |            |                       |
| Third MBBS                                 |                                                      |                        |                     |            |                       |
| Final MBBS                                 |                                                      |                        |                     |            |                       |
| Other Qualification                        |                                                      |                        |                     |            |                       |

| 13. Other Education Certificate  |  |
|----------------------------------|--|
| MBBS Passing/Degree Cert.        |  |
| MBBS Internship Completion Cert. |  |
| MBBS Registration Cert.          |  |
| MBBS Attempt Certificate         |  |

| 14. Bonded or Non Bonded Candidate - |  |
|--------------------------------------|--|
|                                      |  |

### 15. Details of work experience:

| Name of the Organization | Period of Service |   |   |   |   |   |    |   |   |   |   |   | Designation | Nature of Duties Performed | Total Monthly Emoluments | Reason for leaving Services |
|--------------------------|-------------------|---|---|---|---|---|----|---|---|---|---|---|-------------|----------------------------|--------------------------|-----------------------------|
|                          | FROM              |   |   |   |   |   | TO |   |   |   |   |   |             |                            |                          |                             |
|                          | D                 | D | M | M | Y | Y | D  | D | M | M | Y | Y |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |
|                          |                   |   |   |   |   |   |    |   |   |   |   |   |             |                            |                          |                             |

16. Please bring original certificates along with 1 set of self-attested photocopies of related documents at the time of interview.

## DECLARATION

I, Dr..... do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, I shall be liable to be rejected without any notice. I further declare that I fulfil all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post. I agree to abide by the terms and conditions of appointment. I am not employed in any Government Institution/ Autonomous body. OR I am employed with .....Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

**Signature of the Candidate**

**For office use only:**

**Comments of the screening committee:**

1. Eligible/Ineligible:

2. If ineligible the reasons thereof (Mark tick): Age

Educational Qualification

Incomplete Application

Non submission of fee

Others

3. Remarks, if any:

**Signature of the Screening Committee Member:**