



**संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ,**  
**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,**  
**RAE BARELI ROAD, LUCKNOW, U.P (INDIA).**

**Application Format**

| Notification Details  |  |
|-----------------------|--|
| Advertisement Number: | I/ /Rectt./2025-26                                   |
| Applied for Post      | Security Officer (On Deputation)<br>SGPGIMS, Lucknow |

| Candidate's Personal Details |  |           |  |
|------------------------------|--|-----------|--|
| Candidate's Name:            |  |           |  |
| Candidate's Date of Birth:   |  |           |  |
| Gender:                      |  | Category: |  |
| Father's/Husband's Name:     |  |           |  |
| Mother's Name:               |  |           |  |
| Contact Number:              |  |           |  |
| Email ID:                    |  |           |  |

| Mailing Address | Permanent Address |
|-----------------|-------------------|
| (Line 1):       | (Line 1):         |
| (Line 2):       | (Line 2):         |
| (Line 3):       | (Line 3):         |
| District:       | District:         |
| State:          | State:            |
| Pincode:        | Pincode:          |



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| DD Transaction Details      |  |
|-----------------------------|--|
| Demand Draft Number & Date: |  |
| DD issued to Bank:          |  |
| Fee Amount Paid             |  |

| Academic Qualification |                           |                   |                        |                |                     |
|------------------------|---------------------------|-------------------|------------------------|----------------|---------------------|
| Examination Passed     | Name of Institute/College | Board/ University | Month/ Year of passing | Percentage (%) | Subject/ Speciality |
|                        |                           |                   |                        |                |                     |
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| Employment Details |             |          |    |
|--------------------|-------------|----------|----|
| Post Held          | Institution | Duration |    |
|                    |             | From     | To |
|                    |             |          |    |
|                    |             |          |    |
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| Attachments Enclosed |  |
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**Declaration:**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately be cancelled without any intimation. In this matter decision of the Institute shall be final and binding on me.

Place & Date:

Signature of Candidate