

Last date of submission of application in prescribed format is **15th July, 2026** (up to 5 PM)

Detailed Advertisement for the Post of Associate Professor (College of Nursing) on Direct Recruitment basis

Special Note: Advertisement No. I/03/Rectt/2024-25 dated 07.05.2024 is hereby cancelled due to revision in eligibility criteria. The application process was not initiated; accordingly, no applications were received against the said advertisement.

Applications are invited in offline mode for the Post of Associate Professor (College of Nursing) in the Institute through direct recruitment basis.

SGPGIMS, Lucknow				
Name of Post & Pay Matrix (7 th CPC)	Speciality	No. of Posts	Category	Age limit
Associate Professor (College of Nursing, SGPGIMS) & Level-11 (₹67700-208700)	Child Health (Pediatric) Nursing	01	SC	50 years
	Mental Health (Psychiatric) Nursing	01	OBC	50 years

Eligibility Criteria:

Candidates must fulfill the following criteria as on 01.01.2026:

Essential Qualification & Experience:

- M. Sc. (Nursing)
- Experience: Total 8 years' experience with M. Sc. (Nursing) including 5 years teaching experience
- Ph.D. (Nursing) desirable

Age Limit:

- Maximum: 50 years as on 01.01.2026.
- Age relaxation for SC/ST/OBC and other reserved categories as per UP Government rules.

Application Procedure:

- The application form is available on the institute's website (www.spggims.org.in) under the "Recruitment" section.

2. Candidates must download, fill and submit the application form along with required documents by 15th July, 2026 (Up to 5 PM).
3. The application should be sent via Speed Post/Registered Post to the following address:

**RSD Cell, Administrative Block,
Sanjay Gandhi Post Graduate Institute of Medical Sciences,
Raebareli Road, Lucknow – 226014**

4. The envelope containing the application should be super-scribed as **“Application for the Post of Associate Professor (Name of Speciality), College of Nursing, SGPGIMS, Lucknow vide Advt. No.- I/24/Rectt/2026-27”**
5. SGPGIMS will not be responsible for any postal delay.

Application Fee:

- The application fee must be submitted via **Demand Draft** in favor of **Director’s Academic Account, SGPGIMS, Lucknow** payable at SBI (Branch Code: 7789).

Category	Application Fee (Non-refundable)
OBC	₹1180/-
SC	₹708/-

Mandatory Documents:

1. Self-attested copies of mark sheets & certificates for 10th, 12th, Graduation and requisite qualification(s) certificates.
2. Experience Certificate.
3. Certificate of Registered Nurse and Midwifery.
4. No Objection Certificate (NOC) from cadre-controlling authority (if applicable).
5. Vigilance Clearance Certificate/ Integrity Certificate (if applicable).
6. Caste & Domicile Certificates.

Reservation:

- Reservation benefits are applicable as per Uttar Pradesh Government rules.
- Only domiciles of Uttar Pradesh will be eligible for reservation benefits.

Selection Process:

- **Selection will be based on an Interview in order of merit. However, in case of a large number of applications, the Competent Authority reserves the right to conduct a screening or written test, if considered necessary.**

General Instructions:

1. Candidates from reserved categories (SC/ST/OBC) must mention their category in the application.
2. If a candidate belongs to multiple reserved categories, only one most beneficial relaxation will be granted.
3. Female candidates married outside their category cannot claim the previous category reservation.
4. Employees of the Central/State Government must submit a No Objection Certificate (**NOC**) from their employer at the time of application as well as at the time of interview.
5. The institute will not provide any guidance regarding eligibility; candidates must carefully read the advertisement before applying.

Important Notice:

1. Candidates possessing the requisite qualifications and experience in the respective speciality, as specified in the post of advertisement, shall only be eligible to apply.
2. Any false information in the application will lead to disqualification.
3. The date of birth mentioned in the Class X mark sheet/ certificate will be considered final.
4. Candidates must submit original self-attested copies of testimonials/ certificates with the application form.
5. Selected candidates must undergo a medical examination as per institute rules.
6. The Institute reserves the right to accept or reject any or all applications or cancel or withdraw the vacancy without assigning any reason.

For queries, contact: Phone: **(0522-2495232)**
Email: **recruitment@sgpgi.ac.in**

Date: 16 June, 2026

Director
SGPGIMS, Lucknow

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

RAE BARELI ROAD, LUCKNOW, U.P (INDIA)

EPBX NO: 0522-2494000/2495000/2668700/2668800/2668900 FAX: 0522-2668017/2668078

Application for the post of ASSOCIATE PROFESSOR (College of Nursing, SGPGIMS) on regular basis
advertised vide I/24/Rectt/2026-27 Dt. 16/06/2026

1. TO AVOID ANY MIS-REPRESENTATION OR MIS-INTERPRETATION OF FACTS, THE APPLICATION MUST BE DULY HANDWRITTEN, SUPPORTED WITH SELF-ATTESTED COPIES OF TESTIMONIALS.
2. BRIEF RESUME OF THE CANDIDATE TO BE SUBMITTED AS PER APPLICATION FORM.

DEPARTMENT / SPECIALITY :

College of Nursing, SGPGIMS, LUCKNOW

Write Name of speciality: _____

PASTE THE LATEST
SELF ATTESTED
PHOTOGRAPH HERE
AND SIGN ACROSS IT

1. FULL NAME (BLOCK LETTERS) : _____

2. FATHER'S/HUSBAND'S NAME : _____

3. (A) MAILING ADDRESS :

PIN CODE: _____

MOB. NO.: _____ Alternate MOB. No: _____

E-MAIL ID (CAPITAL LETTER) : _____ Alternate E-MAIL ID : _____

AADHAR NO. : _____

(B) PERMANENT ADDRESS:

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

RAE BARELI ROAD, LUCKNOW, U.P (INDIA)

EPBX NO: 0522-2494000/2495000/2668700/2668800/2668900 FAX: 0522-2668017/2668078

PIN CODE: _____ MOB. NO.: _____

4. PERSONAL DETAILS

(A) DATE OF BIRTH: [] Date [] Month [] Year	(B) AGE (AS ON 01.01.2026): [] Years [] Months [] Days
(C) SEX: Male / Female	(D) MARITAL STATUS: Married / Unmarried
5. CANDIDATE BELONGS TO [Tick (✓)]: OBC [] SC []	6. APPLIED CATEGORY [Tick (✓)]: OBC [] SC []
7. WHETHER CANDIDATE BELONGS TO PwBD: Yes / No	8. STATE OF DOMICILE: Uttar Pradesh
9. NATIONALITY: _____	10. RELIGION: _____

11. A) REGISTRATION NO. WITH THE NURSING COUNCIL: _____

B) STATE IN WHICH REGISTERED: _____ C) VALID UPTO : _____

12. EDUCATIONAL QUALIFICATION

(Kindly attach self-attested copies of certificates / degrees in support of your qualifications)

(a) Under-Graduate

Examination Passed	Name of Course	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
Matric / S.S.L.C.					
Intermediate / HSC					
B.Sc. Nursing/GNM/Post Basic					
Other Qualification					

(b) Post-Graduate Qualification:

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Examination Passed	Name of Speciality	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
M.Sc. Nursing					
Others (If any)					

Topic of Research Work:

(c) Ph.D (Nursing) - (Desirable)

Examination Passed	Name of Speciality	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
Ph.D.					

Topic of Research Work:

13. TEACHING/RESEARCH EXPERIENCE

(Please attach attested copies of experience Certificates) After obtaining M.Sc. (Nursing) Qualification as on 01.01.2026.

Post held (Permanent/Temp/Contract)	Period From	Period To	Total: Yrs	Total: Mths	Total: Days	Pay Scale & Employer Address

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TOTAL						

14. Details of Research/Books / Any relevant academic Publications:

Research Paper Publications	Number of Publications		Relevant Documents Enclosed
	Internal	Non-Internal	
National			Yes/ No
International			
TOTAL			
Total Chapter/Books (in detail) :			

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ANY OTHERS:
Google Scholar ID:
h- index (if applicable):

15. Details of Best Scientific Paper presentation (State/ National/ International): (Enclosed : YES/ NO)

S.No	Scientific Paper details	Presentation address

16. Details of Any Achievements/Awards/Recognition: (Enclosed : YES/ NO)

Sl. No.	Details of Achievement/ Awards

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17. Present employment / Post held : _____

Complete Address of present Employer :

18. I HAVE ATTACHED ATTESTED COPIES OF CERTIFICATES / DOCUMENTS IN SUPPORT OF AGE, CATEGORY, DOMICILE, QUALIFICATION AND EXPERIENCE ETC. AS PER LIST ENCLOSED

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

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DECLARATION BY THE CANDIDATE

(Post Applied: ASSOCIATE PROFESSOR (College of Nursing) on Regular basis at SGPGIMS, Lucknow)

I hereby declare that the informations furnished in the application proforma are true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any false information/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof.

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

NOTE:

INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT FEE PAYMENT THROUGH DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.

SUBMIT ALONG WITH APPLICATION, ONE SELF-ATTESTED PHOTOCOPY OF THE DOCUMENTS REFERRED AT ANNEXURE.

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Check List

List of copy enclosures with self-attestation to be submitted along with the application

SL. NO.	PARTICULARS OF ENCLOSURES	TICK (✓) IF ENCLOSED
1.	Hard copy of Application duly signed each page with passport size photograph	[]
2.	Proof of age (i.e. High School/Higher Secondary Certificate/Birth Certificate)	[]
3.	10 th & 12 th Certificate	[]
4.	B.Sc. Nursing/GNM/Post Basic Certificate	[]
5.	PG Certificate(s): M. Sc. Nursing {(Child Health (Pediatric) Nursing/ Mental Health (Psychiatric) Nursing} whichever applicable	[]
6.	Ph. D. (Nursing) if acquired	[]
7.	Experience Certificate(s)	[]
8.	Registration & Additional Registration Certificate with Nursing Council	[]
9.	Registration renewal validity	[]
10.	Caste Certificate {SC/ OBC (NCL) certificate}	[]
11.	Domicile Certificate	[]
12.	NOC (if applicable)	[]
13.	Copy of relevant Publications/ Presentation/ Achievements/ Awards	[]
14.	Any other relevant Certificate(s)	[]
15.	Demand draft for fee payment in favor of Directors Academic Account, SGPGIMS, Lucknow payable at SBI (Branch Code: 7789)	[]

(Signature of the candidate)