



Sanjay Gandhi Postgraduate Institute of Medical Sciences

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2495511, 2494009

Information regarding joining procedures and formalities for residents (MD/DM/MCh/SR-HS/PDC/MPR) and Demonstrators

Welcome to SGPGI. Please download and read this document carefully.

Print this entire document back to back (i.e. using both sides of paper) and fill the relevant portions.

At the time of joining, the administration will need to see all original documents, as listed in letter of offer of appointment. Please also bring along one photocopy for each document and at least 6 passport-size photos. Without the above, you will not be able to join.

Annex No	Description	Instructions
1 2	The following forms need to be submitted at the time of joining: Marital declaration form Character certificate from two authorized persons	Fill these, & have Annex 2 attested from your usual place of stay / most recent employer
3 4 5 6	After your documents have been verified, these need to be filled Medical Examination form Joining report form Hostel accommodation form Document submission form (Only for MD, DM/MCh programs)	Familiarise yourself with these forms as this will be required of you
7 8 9 10 11	The following documents are filled after joining Medical facility and declaration of dependents Library form Email / HIS form Identity card form Wi-Fi form for residents	Familiarise yourself and fill out relevant portions in advance

Reach 1st floor of the Administrative Block Room No. 217 (between 10AM to 4 PM) and meet Mr. Mohit Srivastava, LDA, Residents Section (Tel 0522-249 5266). He will debrief you and help out with forms as required.

Prior to start Medical examination candidates it is best you start early in the day (around 10 AM). You need to go to the departments of Pathology, Radiology and Ophthalmology in the Main Institute building and thereafter to the General Hospital for assessment by Physician, Surgeon and Gynecologist (for women). After all tests and assessments, The Medical Superintendent available in the office located adjacent to the atrium of the old OPD building will sign the medical fitness certificate.

After clearance from the Medical Board, please report back to Mr. Mohit Srivastava in the Administrative Block who will then authorize you to collect fee book from Junior Accounts Officer (Research), Room no. 209 -B, First Floor. The requisite fee, as laid down in your appointment letter / prospectus, is to be deposited with the State Bank of India, SGPGI Branch as per details available in the fee book. This can also be done online through the SGPGI portal www.sgpgims.org.in

(Online deposit: Course fee) or directly at

<https://www.onlinesbi.com/prelogin/icollecthome.htm?corpID=258357>

After depositing the fees, please report again to Mr. Mohit Srivastava (in the Residents Section).

Your joining formalities at this stage will include completion of all documents and verification of original documents. You may also need to deposit some of your original documents, if applicable.

In case of any difficulty, you may approach Dr. Shalini Singh, Sub-Dean (Student Affairs) / Dr. Prabhkar Mishra, Sub-Dean (Exams) or Lt. Col. Varun Bajpai, ER in that order.

Once your joining is accepted in the Administrative Block and the joining letter is signed by the Executive Registrar, you will be asked to report to the Head of the department (HOD) in which you have been appointed, along with the joining report. This is to be signed by the HOD and submitted back in the administrative block to Mr. Mohit Srivastava.

We hope you have a pleasant and fruitful stay at SGPGI.

MARITAL DECLARATION

Annexure 1

(Please tick the relevant portion and strike out the portions not applicable)

I, Dr..... declare as under:

- (i) That I am Bachelor/ Widower /Married/Divorced.
- (ii) That I am married and have only one husband/wife living / that I am married to a person who has no other wife living.
- (iii) That I am married & have more than one wife.
- (iv) That I am married to a person who has another wife living.

In case of (iii) or (iv) above:

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living or having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true & I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature

This certificate needs to be issued / signed by two separate officers

CERTIFICATE OF CHARACTER

Certified that I have known Dr.....son/daughter of Shri..... for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

Dr.....is not related to me.

Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

CERTIFICATE OF CHARACTER

Certified that I have known Dr.....son/daughter of Shri.....for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

Dr.....is not related to me.

Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

**MEDICAL EXAMINATION FORM for joining
Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow**

Declaration by the candidate

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority in the past.

OR

I declare that I have been suffering from
for the last years.
(If not suffering from any illness, state 'no illness'. This portion can not be left blank. Suppression of information about past illness will invite suitable disciplinary action)

Name _____ Signature _____
Designation _____ Dated _____

MEDICAL EXAMINATION

Height (cm)	Weight (Kg)	
Apparent age (years)	Pulse (/min)	BP (mmHg)
JVP	Edema feet	Varicose veins
CVS	Chest	CNS
Abd	Genitalia	Hernia/hydrocele

Gynaecological assessment: Married /unmarried Children

LMP P/A P/V

Ophthalmic assessment:	Without Glasses	With Glasses
Acuity of vision	L	L
	R	R
Colour vision	L	L
	R	R

Investigations:

Urine: Albumin Sugar M/E

Chest X-Ray PA

Names and signatures:

Physician Gynecologist

Surgeon Radiologist

Pathologist Ophthalmologist

Chairperson Medical Board

Check list: Cross out (X), those not present and tick (✓) those present

History of

- | | |
|----------------------------------|--|
| 1. Prolonged fever | 11. Previous operations or accidents |
| 2. Cough/prolonged expectoration | 12. Previous hospitalization & reasons |
| 3. Chest pain | 13. Allergies |
| 4. Hemoptysis (Blood in cough) | 14. Unconsciousness -focal or general seizures |
| 5. Jaundice | 15. Hypertension |
| 6. Breathlessness | 16. Tuberculosis |
| 7. Swelling over body | 17. Heart disease |
| 8. Blood in vomit or stools | 18. Diabetes. |
| 9. Unusually irregular periods | 19. Bronchial asthma / COPD |
| 10. Mental illness | 20. Skin eruptions |

Any others, not included in this list

Family history:

Diabetes	Hypertension
Tuberculosis	Heart Disease
Any other (specify)	

MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES

I do hereby certify that the members of the Medical Board of Sanjay Gandhi Postgraduate Institute of Medical Sciences, have examined to Sri/Smt/Km as a candidate for employment/training/confirmation in the Department of as and have not discovered that he /she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except

Name or nature of illness / infirmity / disability:

I consider the person FIT / UNFIT for employment/confirmation in the Department of as The candidate's age according to his/her statement is years and by appearance is years.

(Signature of candidate)

Chairman, Medical Board

Attested by:

Date



**Sanjay Gandhi Postgraduate Institute of Medical Sciences
Lucknow 226014**

**CERTIFICATE
(TO BE SUBMITTED IN DUPLICATE)**

This is to certify that the following documents of Dr. S/o, W/o, D/o have been received by the Institute in original as he/she has decided to pursue MD/DM/M.Ch course in specialty at this institute for the session commencing from October, 2022 **and these certificates will only be returned to the student after completion of two years mandatory service bond of UP Govt. on submission of certificate to this effect.**

1. High School/Date of Birth certificate
2. M.B.B.S. Degree
3. MBBS Marksheets (1-4 years)
4. MBBS Medical Registration
5. Internship Completion
6. Caste Certificate (if applicable)

Signature of Candidate

Executive Registrar

**UNDERTAKING
(TO BE SUBMITTED IN DUPLICATE)**

I, Dr. understand that my original certificates will be retained by the Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGI), Lucknow and these will not be returned before completion of MD/DM/M.Ch in the specialty of, unless I, Dr. pay to the SGPGI, Lucknow a sum of Rs. 5,00,000 (Rs. Five Lac only) irrespective of the fact whether I continue the course or not.

Roll No.

Permanent Address:

.....

.....

.....

.....

Signature of candidate



**Sanjay Gandhi Postgraduate Institute of Medical Sciences
Lucknow 226014**

**CERTIFICATE
(TO BE SUBMITTED IN DUPLICATE)**

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Roll No.

Permanent Address:

.....

.....

.....

.....

Signature of candidate

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Application for Declaration of Dependents for staff and dependents registration

Employee ID										
-------------	--	--	--	--	--	--	--	--	--	--

Date of Joining:

Details of Employee

Name			DOB (DD/MM/YY)	Sex (M/F)	Department	Designation	Telephone no.	Bank A/c no.	Old/new CR No.
First Name	Middle Name	Last Name							

Details of Dependents

S. No	Name	Age/ DOB (DD/MM/YY) and sex (M/F)	Relation with employee	Profession if employed or name & address of department, if retired.	Whether medical facility provided by employer	Basic pension per month w.e.f. 1/1/96	Total income from all sources	Old/new CR no.

I hereby certify that the above mentioned family members are fully dependent upon me as per above mentioned details. I also certify that the entries in the form have been made by me are correct. I hereby give the undertaking that if any of the entries in the form are found to be incorrect or false at any time I shall be fully responsible for the same and suitable disciplinary action may be taken against me including recovery of amount spent on treatment of any of my dependent.

Signature of Employee

Annexure 11

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Registration Form for E-mail and Hospital Information System (HIS)

Section 1: Application

Name _____	Date _____
Designation _____	Valid till _____
Department _____	Phone (Off) _____
Preferred Username _____	Phone (Res) _____
(max. 8 alphabets, all lowercase)	
Date of Birth _____	Employee ID _____

I undertake to use the Hospital Information System only for my assigned official duties and to maintain the confidentiality of the patient data in the system. I shall keep my password secret and shall be responsible for all activities performed using my username and password.

_____ **Applicant's Signature**

IMPORTANT INFORMATION FOR ALL APPLICANTS

Please note that for every activity on the HIS, the computer records the username and password of the person performing it. Your password is like your electronic signature. You are therefore advised to change your initial password immediately after it is assigned to you and frequently thereafter. You **MUST NOT** reveal your password to anyone at any time. In case you suspect that someone may have come to know your password, change it immediately. The password should preferably be 6-10 characters long and consist of a mixture of alphabetical and numeric characters. You are advised not to use your name, initials, date of birth, family members' names, etc. as password since these can be easily guessed. If you have any queries or have forgotten your password, please contact the system administrator.

Section 2: Authorization

HIS Facility E-mail facility

Functions/areas in various Modules etc.

<input type="checkbox"/> Billing Nodal	<input type="checkbox"/> Resident
<input type="checkbox"/> Billing Clerk	<input type="checkbox"/> Consultant
<input type="checkbox"/> HRF Clerk	<input type="checkbox"/> Lab Technician
<input type="checkbox"/> HRF Nodal/Supervisor	<input type="checkbox"/> Nursing Staff
<input type="checkbox"/> HRF Unit	<input type="checkbox"/> Hospital Administration
<input type="checkbox"/> HRF Misc	<input type="checkbox"/> Stationary
<input type="checkbox"/> OPD/Bay Clerk	<input type="checkbox"/> OT Staff
<input type="checkbox"/> Registration Clerk/Supervisor/PRO	<input type="checkbox"/> CSSD/Dietary Staff

_____ **HOD**

Section 3: Username assignment

Username assigned (HIS) _____ Logon name for E-mail _____

I have understood the method to change my password and have changed my originally assigned password.

_____ **Applicant's Signature**

_____ **System Administrator's Signature**

Proforma for Identity Card
(Must be filled in Block letters)

MIU
SGPGIMS

Date of Joining.....

Term upto:.....

Employee ID No. _____

Card No. _____
(for office use only)

Valid from _____ to _____

Name _____

Designation _____

Pay Scale* _____

Department _____

Intercom No. _____

Blood Group _____

Previous Card No. _____

(in case of loss)

Permanent Address & _____

Telephone No. _____

Name & Address of the _____

Person to be intimated _____

In case of emergency/Local Address & _____

Telephone No. _____

Photo
35 mm X 45 mm

Signature of Applicant**Recommendation by HOD****Verification by****Establishment**
(Main Administration)**Establishment**
(Hospital Administration)**Academic Section**
(Executive Registrar Office/SRO)

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow**Application Format for Activation of Wi-Fi Connection**

(Senior Residents/Students residing in MRA and Hostel areas)

Name of Resident:_____ Employee ID:_____

Course (DM/MCh/SR-HS/MD/PhD):_____ Date of admission:_____ Valid till:_____

Designation:_____ Department:_____

Qtr Type:_____ Qtr No:_____ Location:_____

Mobile/CUG No:_____ Phone No (Res):_____ (Off):_____

Details of computer, laptop, mobile etc in which Wi-Fi network will be used:

Sl no	Type of equipment	Make	Wi-Fi MAC address of equipment

I undertake that:

1. Above devices will be used by me for research and academic purposes.
2. Any misuse of the connectivity through these devices will be my sole responsibility.
3. In the event of theft/loss of any device, I will immediately inform data centre for blocking the device.

Date:

(Signature of applicant)

Signature of Provost

(Signature of HOD)

Note: Please attach copy of house allotment letter

SANJAY GANDHI POST- GRADUATE INSTITUTE OF MEDICAL SCIENCES,
LUCKNOW –226014
BOND FOR THE CANDIDATE ADMITTED TO MD COURSE (JUNIOR RESIDENT) AT
SGPGIMS

Known all men by these present that we, Dr.
.....S/o,D/o.....R/o
..... at present a selected candidate of
.....at Sanjay Gandhi Post-Graduate Institute of Medical
Sciences Lucknow-226014 (hereinafter called the Junior Resident) and
Shri/Dr..... S/o, D/o
.....R/o (hereinafter called the surety),
do hereby jointly and severally bind ourselves (and shall include our respective heirs,
executors, administrators etc.) to pay the Director Sanjay Gandhi Postgraduate Institute of
Medical Sciences Lucknow-226014 (hereinafter called the SGPGIMS) on demand without
any demur, claim, proceedings the sum not exceeding Rs. Five Lac within a Period of two
weeks from the date of such demand.

WHEREAS the above named Dr.has been selected in
the discipline/ Department offor admission to MD/MS course and
appointment against the post of Junior Resident for a period of three years, commencing
from May, 2021.

WHEREAS the above named Junior Resident has undertaken to join the above
post/course on the conditions that he/she shall not leave the post and course in between
the mid-term of the entire session of the three years.

AND WHEREAS the above named Junior Resident has also undertaken that if
he/she resigns or leaves the course/post , he/she shall be liable to pay a sum of
Rs.5,00,000/- (Rupees five lac only) as damages/compensation/penalty to the Institute.

AND WHEREAS the liability under the above bond shall be binding and effective for
full term of the course from the commencement of the session and shall be enforceable for
any liability arising thereafter subject to the following clause.

PROVIDED that on request of the Junior Residents and/or surety if the SGPGIMS, extends the time for making payment of the above noted sum of Rs. 5,00,000/- or five Lac as the case may be this bond shall remain effective and in force till such payment is made However, the bond executed by the Junior Resident and the surety shall remain effective, binding and enforceable till the time of decision of SGPGIMS not to enforce the same by order of the competent authority.

PROVIDED always that the liability of the surety herein shall not be discharged/impaired by reason of the time being granted or by any other act or by any forbearance act of the SGPGIMS or any person authorized by them, whether or without the consent or knowledge of the surety, nor shall it be necessary for the SGPGIMS to sue the said Junior Resident before suing the above named surety Shri for the amount or part of the amount due hereunder:-

The decision of the Director, SGPGIMS shall be final on any dispute that may arise. All disputes shall be subject to Lucknow Jurisdiction.

SIGNED, EXECUTED AND DELIVERED ON THIS DATE IN THE PRESENCE OF FOLLOWING WITNESSES.

WITNESS:-

1.

JUNIOR RESIDENT

2.

SURETY

EXECUTIVE REGISTRAR

DEAN

(Service Bond)

AGREEMENT BOND FOR CANDIDATES ADMITTED TO
-----COURSE-----SESSION
THIS DEED OF AGREEMENT BOND IS EXECUTED AT -----ON THIS DAY
OF-----

BETWEEN

NAME-----
S/O, D/O,W/O-----
RESIDING AT (PERMANENT ADDRESS)-----
(TEMPORARY ADDRESS)-----
MOBILE NO.-----
E-Mail ID:-----
AADHAR No.-----

Hereinafter referred to as (“FIRST PARTY”) of the one part
AND

Governor of Uttar Pradesh (here in after referred to as “Government”) of the Second Part.

WHEREAS FIRST PARTY has applied for admission to-----course and FIRST PARTY has been selected to the said course. As per the Prospectus, the FIRST PARTY has agreed to serve the Government for a period not less than two year after successful completion of the ----- course.

If the FIRST PARTY fails to serve the government for a period of two year the FIRST PARTY shall forthwith pay a sum of Rs. 40 Lacs for Degree and 20 Lacs for Diploma, MDS to Government at the specified Government Treasury. During the above period the FIRST PARTY shall be paid Stipend and the Government will request their services within a period of three months from the date of successful completion of the ----- course. In case the Government does not provide services in mentioned period, the BOND shall be released : AND WHEREAS the FIRST PARTY has also agreed that on successful completion of the ----- course his/her certificates relating to ----- course will not be given to the FIRST PARTY unless the FIRST PARTY successfully Serves the Government for a period of two year or pay to the Government on Demand the sum of Rs.----- (Rupees -----) only.

If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rates specified by the Government as per applicable law during the period of delay; AND WHEREAS the Government have, at the request of the FIRST PARTY ----- employed as ----- granted stipend to him/her for a period of 24 months effect from ----- in order to enable his/her to study at ----- College .

AND WHERE AS if the FIRST PARTY ----- work as for a period of less than 24 months during the ----- Super specialty course DM/MCH/ ----- Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course, the proportionate amount will be treated as stipend and the FIRST PARTY ----- shall pay back in addition to the security amount of stipend to the Government. This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

Now THIS DEED OF AGREEMENT BOND WITNESSES BOND WITNESSES AS FOLLOWS:-

1. The FIRST PARTY has agreed to serve the Government for a period of two year on successful completion of the ----- Super specialty course DM/MCH/Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course. If the

FIRST PARTY fails to serve the Government for a period of two year, FIRST PARTY shall pay forthwith a sum of Rs. ----- (Rupees ----- only) to the Government in the specified Government Treasury.

2. The FIRST PARTY Agrees that till the successful completion of the period of two year service to the Government or till the payment of Rs. -----(Rupees -----) only is paid the certificates relating to ----- Super specialty course DM/MCH/ ----- Post Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course shall be in the Custody of the Concerned Institution / University/ College and the Government has a First lien over all the certificates gained by the candidates at the time of admission.
3. The FIRST PARTY authorizes the Concerned Institution / University/College for retention of the certificates till the lien of Government is cleared/discharged.
4. The BOND shall in all respect be governed by the Laws of India, for the time being in force, and the rights and liabilities shall. Where necessary, be accordingly determined by the appropriate course in India.
5. If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rate specified by the Government as per applicable law during the period of delay, failing which Government shall have right to recover the aforesaid amount together with interest as arrear of land revenue.
6. The FIRST PARTY shall borne the Stamp duty chargeable on this BOND IN WITNESS WHEREOF parties to this Deed have signed this BOND on the date first above mentioned.

For and behalf of
FIRST PARTY
()

For and behalf of
Governor
()