



**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,
Raebareli Road, Lucknow –226014 (India)**

Addendum-I to the Advertisement No. I-40/ER/Acad/2022-23
Supplementary Notice Regarding 01 Year's Fellowship Programmes

With reference to the above noted advertisement, it is published for notice of all concerned that positions of Post Doctoral Fellowship (PDF) are vacant in under mentioned Departments of the Institute. The candidates must possess DM/M.Ch/DNB qualification in the respective specialty by the day of the Interview. Interview will be held in the office of respective Head of the Department. The date of interview will be intimated to the candidate by the department concerned.

Interested aspirants are required to submit application forms to the Executive Registrar through Speed Post on the prescribed format attached with a bank draft of Rs.1000/- in favor of Director, SGPGI (Academic Account) payable at State Bank of India, SGPGIMS Branch, Lucknow.

The details of vacant positions are as follows:-

S.No.	Name of Department	Specialty	Subject code	Seats
1.	Nephrology	Renal Transplantation Medicine	192	01
		Interventional Nephrology	193	01
2.	C.V.T.Surgery	Pediatric Cardiac Surgery	132	01
		Minimally Invasive CVT Surgery	133	01
3.	Gastroenterology	Advanced Endoscopy	162	01
		GI Physiology	163	01
4.	Neurology	Neuro Critical Care	203	01
5.	Neurosurgery	Neurosurgical Oncology	213	01
		Cerebro Vascular Surgery	216	01
		Neurosurgical Tramatology	218	01
		Neuro Endoscopy	220	01
6.	Hematology	Bone Marrow Transplantation	323	02
7.	Pediatric Surgical Super specialties	Pediatric Onco-Surgery	356	01
8.	Urology	Uro-Oncology	294	01
		Renal Transplantation Surgery	292	01

Last date for receiving applications: 25th January, 2023.

Executive Registrar



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014
Application Form for Post Doctoral Fellowship-2021-22

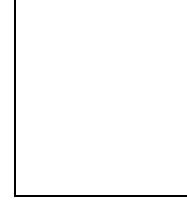
Advt. No: I-40/ER /Acad/2022-23

****Office Use Only**

Screened By(Name)

Eligible / Not Eligible

Provisional For



Paste same
Photo here

Detail of Transaction:

Bank Draft No: Transaction Date :
Name of Issuing Bank:

Candidate's Name:*

Contact No.:

E-mail:

Remark:

Medical Council
Registration Detail:*

Registration No. Date Name of
Medical Council

Nationality:

State of Domicile:*

Category:*

Date of Birth:*

Subject Detail:*

Sl.No	Specialty	Program	Code	Preferences
1.		PDF		

Father's/Husband's Name:*

Father's/Husband's Occupation:*

Marital Status:*

Gender:*

Sponsored Candidate:*

Mailing Address:*

Address: Line 1:
Line 2:

District:

State:

Pin code:

Permanent Address:

Address: Line 1:
Line 2:

District:

State:

Pin code:

Academic Qualification: **Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form**

Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Specialty
Matriculation					
MBBS					
MD/MS/DNB					
DM/M.Ch					

Employment Detail:

Post Held	Institution	University	Duration	
			From	To

Declaration of Dependents:

Name	Age	Relation with applicant	Occupation	Income/Month

Attachments:

Caste certificate (if applicable)	High School certificate/proof of date of birth certificate
Council Reg. Certificate (Medical)	Handicapped Certificates
Sponsorship Certificate	Any other relevant Certificates
No Objection Certificate if Employed	Proof of MCI recognized qualifying course
Post graduation degree/ pass certificate/certificate of appearing in MD/MS examination	

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 cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Place:
Date:

Signature of Candidate
Signature & Seal of Head of Institution