SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW.

Raebareli Road, Lucknow-226 014 (U.P.) India

ADVT. NO POST APPLIED FOR IN THE SPECIALITY OF		PLEASE ATTACH A RECENT PHOTOGRAP
1. NAME IN FULL		
(CAPITAL LETTERS) FAMILY NAME	FIRST NAME	MIDDLE NAME
2. NAME OF FATHER		
3. NAME OF MOTHER		
4. MAILING ADDRESS		
PHONE/ Mobile NO (1)(2)		
EMAIL ID (1)(Alternate emai	il ID)	

5. PERMANENT ADDRESS		
•		
6. COUNTRY OF BIRTH		
CITIZENSHIP		
7. DATE OF BIRTH	AGE IN YEARS	
DAY MONTH YEAR	IN WHOLE NUMBERS COMPLETED	
9 SEV	MARITAL STATUS	
6. SEA	SINGLE/MARRIED/SEPARATED/DI	
9. SCHEDULED CASTE	YES NO	
	· · · · · · · · · · · · · · · · · · ·	
SCHEDULED TRIBE	YES NO	
OTHER BACKWARD CLASS	YES NO	
EX-SERVICEMEN	YES NO	

10. EXAMINATION PASSED (most recent first) date of appearing or passing number of times attempted grade/ class/division obtained and institution/university from which passed may be mentioned. Where more than one professional examinations are required to obtain a degree, information regarding each professional examination may be given (Matriculation onwards).

No.	EXAMINATION	DATE	ATTEMPTS	GRADE	INSTITUTION
					,

11. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession) giving brief description of the award.

NO.	DESCRIPTION

SUMMARY OF QUALIFICATIONS

(SUBMIT 10 COPIES)

Advt. No.

Item No.

							Merit/Prizes Medals won, If Any			. 4	
	, e			:			Merit/Prizes Medals won,				
	basic Salary & grade				nel		Class /Division Grade				
Name of the Post	B. Present Employment with present basic Salary & grade		Minimum pay acceptable, if selected	Notice required for joining	Whether applied through proper channel		% of Marks obtained				
	B. Present En		Minimum pay	Notice require	Whether appl		Subjects				
	,		i				Year				
				e/Backward class		ı on wards)	University/ Board				
	. Name	Age	Qualifications	Member of Scheduled Caste/Tribe/Backward class		Academic Vitae (from Matriculation on wards	College/ Institution		¥		
Name of the Post	A. Name	Age	Qualificati	Member of		C Academic Vi	Examination				

D. Lang	Languages Known		E. Teaching Experience	F. Res	F. Research Experience.
Read	Write	Speak	Total in (years)		
			Under-graduate classes		
			Subject taught		
			Post-graduate Classes		
			Subject taught		
G. No. Rese	G. No. Research papers		H. Books Published	I. No. Research Projects	J. No. of dissertations
Published	Published	,			pasiviadns
National		National			MD/MS.
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Internation	al	International			F.I., D
K. Referenc	K. Reference & Testimonials	iials		2	

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	Additional	211
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12.PROFESSIONAL EXPERIENCE (before obtaining prescribed qualification which makes you eligible for the post) title of the post held, data of joining, date of leaving, complete number of years spent (give in whole numbers), nature of post (involving practice, teaching and / or research) and emoluments per annum, for each post.

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLU- MENTS
		,						

13. PROFESSIONAL EXPERIENCE (after obtaining prescribed qualification which makes you eligible for the post).

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE IN YEAR/S MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLU- MENTS
			4					
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14. MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.

STATUS	NAME	DATE OF MEMBERSHIP
	,	
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	à .	
	STATUS	STATUS NAME

MAJOR INTERESTS/HOBBIE/EXTRA-CURRICULAR ACTIVIT	ΓIES.
1	
16. RESEARCH EXPERIENCE together with details of published v	works (attach separate sheets of the size of each of the following):
 (a) PAPERS PUBLISHED. (b) PAPERS UNDER PUBLICATION. (c) PROFESSIONAL COURSES, SEMINARS/WORKSHOPS/CO (d) PAPER PRESENTED AT CONFERENCES. (e) VISITING PROFESSORSHIPS TO ACADEMIC INSTITUTION (f) ANY OTHER. 17. PROFESSIONAL ACHIEVEMENT. Print in not more than hundror which applied. 	ONS.

Name of Referee		
	, DESIGNATION	ORGANISATION
STREET	CITY	PIN CODE
	PROVINCE/STAFF	COUNTRY
Name	of	Referee
	DESIGNATION	ORGANISATION
STREET	CITY	PIN CODE
	PROVINCE/STAFF	COUNTRY
Name	of	Referee
	DESIGNATION	ORGANISATION
STREET	CITY	PIN CODE
	PROVINCE/STAFF	COUNTRY
Present		
	DESIGNATION	ORGANISATION
Annual Pay		Rs

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against me.	wrong the institute would be free to take action
Place	
Date	
	Signature

(7)

INSTRUCTIONS TO THE CANDIDATE

This application will not be considered unless the following documents are attached to it or are received separately so as to reach the Executive Registrar, Sanjay Gandhi Post-graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226 014, Uttar Pradesh on or before the last date fixed for the receipt of applications by Speed Post/ Registered for:

1. A certificate of date of birth.

- 2. If belonging to scheduled caste/scheduled tribe/other backward class/ex-servicemen category etc. a certificate issued from competent authority in support of the claim.
- 3. Academic records including on official certification of each degree earned from each Institution of higher learning attended and official transcripts of each examination passed (If the records are not in English / Hindi, a certified English / Hindi translation must be provided)
- 4. Official certification of distinctions, prizes, medals etc. received.
- 5. Reprints of papers published /under publication which you claim to the post applied for.
- 6. Testimonials from three referees in support of your claim to the post applied for.
- 7. Address sheet duly filled.
- 8. A declaration that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.
- 9. The candidate in employment must get their application forwarded through proper channel. However, the advance Copy should reach the Institute within the specified time limit.