



Sanjay Gandhi Postgraduate Institute of Medical Sciences
Raebareli Road, Lucknow 226 014

FAX: 91-522-2668017, 2668129
Email: erexam.sgpgi@gmail.com

Phones: 91 (522) 2494304
2495266, 2494009

Addendum to the Advertisement No. I/27/ER/Acad/2023-24
Supplementary Notice Regarding 01 Year's Fellowship Programme

With reference to the above noted advertisement, it is published for notice of all concerned that 01 position of **Post Doctoral Fellowship (PDF) in Renal Transplantation Surgery in the Department of Urology (Subject Code 292)** is vacant. The candidates must possess MCh/DNB qualification in the respective specialty recognized by the National Medical Commission /MCI.

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 on prescribed format annexed to this addendum.



Last date for receiving applications: 15th Jan, 2024.

Executive Registrar



**Sanjay Gandhi Postgraduate Institute of Medical Sciences,
Lucknow 226014
Appointment to the Post Doctoral Fellowship Program.**

Advt. No: I/27/ER/Acad/2023-24

Office Use Only		
Screened By (Name)		
Eligible / Not Eligible		
Provisional For		

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	292	
-----------	--	------------	------------	--

Father's/Husband's Name:*	
---------------------------	--

Father's/Husband's Occupation:*	
---------------------------------	--

Marital Status:*	
------------------	--

Gender:*	
----------	--

Sponsored Candidate:*	
-----------------------	--

Mailing Address:*

Address Line 1:	
-----------------	--

Address Line 2:	
-----------------	--

District:	State:		Pin code:
-----------	--------	--	-----------

Permanent Address:*					
Address Line 1:					
Address 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