



संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ,
SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,
RAE BARELI ROAD, LUCKNOW, U.P (INDIA).

Application Format

Notification Details	
Advertisement Number:	I/50/Rectt./2025-26, dt.- 24.02.2026
Name of Post:	Security Officer (On Deputation)

Affix passport-size photograph here and sign across it.

Candidate's Personal Details			
Candidate's Name:			
Candidate's Date of Birth:			
Gender:		Category:	
Father's/Husband's Name:			
Mother's Name:			
Contact Number:			
Email ID:			

Mailing Address	Permanent Address
(Line 1):	(Line 1):
(Line 2):	(Line 2):
(Line 3):	(Line 3):
District:	District:
State:	State:
Pincode:	Pincode:



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Employment Details			
Post Held	Institution	Duration	
		From	To

Attachments Enclosed	

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

Place & Date:

Signature of Candidate