



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

Application Format for the post of Medical physicist

Notification Details	
Advertisement Number:	I/54/Rectt./2025-26, dt.-07.03.2026, Corrigendum I/05/Rectt./2026-27 dt.-07.05.2026 & its Corrigendum I/33/Rectt/2026-27 Dt. 31.07.2026
Name of Post	Medical Physicist
Specialty	Radiotherapy & Radiodiagnosis

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:
Pin code:	Pin code:



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DD Transaction Details	
Demand Draft Number & Date:	
DD issued to Bank:	
Fee Amount Paid	

Academic Qualification					
Examination Passed	Name of Institute/College	Board/ University	Month/ Year of passing	Percentage (%)	Subject/ Specialty



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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