SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES LUCKNOW

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

PLEASE ATTACH A RECENT PHOTOGRAP

ADVERTISEMENT No. I/34/ER/ACAD/2026-2027

POST APPLIED FOR ……

IN THE SPECIALITY OF ……..

…..……

1. NAME IN FULL (As mentioned in the high school mark sheet) ……..……
(IN CAPITAL LETTER) FIRST NAME MIDDLE NAME FAMILY NAME

2. NAME OF FATHER ……..……

3. NAME OF MOTHER ……

4. MAILING ADDRESS ……

……

……

PHONE/ Mobile NO (1)……..…… (2) …….

EMAIL ID (1)…….(Alternate email ID)……..……..

5. PERMANENT ADDRESS ……

……

……

6. COUNTRY OF BIRTH …… Domicile of ……..……(state)

CITIZENSHIP…….....

7. **DATE OF BIRTH ……..**

8. **AGE IN YEARS ……**
DAY MONTH YEAR IN WHOLE NUMBERS COMPLETED

9.. **SEX …… MARITAL STATUS ……**
SINGLE / MARRIED / SEPARATED /DIVORCED / WIDOWED

10 A. CATEGORY OF CANDIDATE

SCHEDULED CASTE ☐ **YES** ☐ **NO**

SCHEDULED TRIBE ☐ **YES** ☐ **NO**

OTHER BACKWARD CLASS ☐ **YES** ☐ **NO**

ECONOMICALLY WEAKER SECTION ☐ **YES** ☐ **NO**

UNRESERVE ☐ **YES** ☐ **NO**

CATEGORY OF CANDIDATE FOR AGE RELAXATION

Sl. No.	Category	Age Relaxation permissible beyond the upper age limit	Tick if applicable (✓)
1	SC/ST	05 years	
2	OBC	03 years	
3	PWBD	05 years	
4	Government Servant	05 years	
5	Ex-Servicemen	05 years	

10 .C: Category applied for **SC** ☐ **ST** ☐ **OBC** ☐ **EWS** ☐ **UR** ☐

11. 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 examination are required to obtain a degree, information regarding each professional examination may be given (Matriculation onwards).

No.	EXAMINATION	YEAR & DATE OF PASSING	ATTEMPTS	INSTITUTION

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

S.NO	Description

SUMMARY OF CANDIDATE'S APPLICATION

(SUBMIT 10 COPIES of page 4A & 4B)

Name of the Post …….. **Advt. No.**

A. Name ……..

Age……..

Qualifications …….

Candidate Category ……

Category Applied for ……

B. Present Employment with present basic Salary & Grade

……..……

…….

Notice required for joining YES ☐ / NO ☐

Whether applied through proper channel YES ☐ / NO ☐

C **Academic Vitae (from Matriculation on wards)**

Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Division/Grade	Merit/Prizes Medals won, If Any

<table>
<tr><td colspan="2">D. Teaching Experience

Total in (years)……

Under-graduate classes……..

……..

Post-graduate Classes…….

……..</td><td colspan="2">E. Research Experience.</td></tr>
<tr><td>F. No. of Research papers

Published……

National…….

International…….

Accepted…….</td><td>G. Books /Chapters Published</td><td>H. No. of Research Projects

Intramural

Extramural</td><td>I. No. of dissertations supervised

MD/MS……..…..

DM/MCH……..….

Ph. D.……</td></tr>
<tr><td colspan="4">J. Details of Reference & Testimonials</td></tr>
</table>

Signature ……..…… Date…… Place…… Designation……

13. **PROFESSIONAL EXPERIENCE (Before obtaining prescribed qualification which makes you eligible for the post), nature of post (involving practice, teaching and / or research)** .

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE Years/ MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING

14. 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

15. **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**.

NO.	**STATUS**	**NAME**	DATE OF MEMBERSHIP

16. MAJOR INTERESTS / HOBBIES / EXTRA-CURRICULAR ACTIVITIES. To be listed below:

17. **RESEARCH EXPERIENCE/ PROFESSIONAL EXPERIENCE ACHIEVEMENTS// OTHER ACHIEVEMENTS**

(ATTACH SEPARATE SHEETS FOR EACH OF THE FOLLOWING):

(a) DETAILS OF PAPERS PUBLISHED./ UNDER PUBLICATION
(b) PROFESSIONAL COURSES / SEMINARS / WORKSHOPS / CONFERENCES ATTENDED.
(c) PAPER PRESENTED AT CONFERENCES.
(d) VISITING PROFESSORSHIPS TO ACADEMIC INSTITUTIONS.
(e) ANY OTHER.

18. **PROFESSIONAL ACHIEVEMENT. Print in not more than hundred words you professional achievements in the specialty for which applied.**

19. **Name of three referees who can testify you suitability for the post applied.**

Name of Referee no.1

DESIGNATION ……

ORGANISATION…….

ADDRESS……

……

Name of Referee no.2

DESIGNATION ……

ORGANISATION…….

ADDRESS……

……

Name of Referee no.3

DESIGNATION ……

ORGANISATION…….

ADDRESS……

……

DECLARATION:

I certify the above particulars submitted are correct and in case they are found wrong the Institute would be free to take action against me

PRESENT EMPLOYER……

DESIGNATION……

ORGANISATION.....

Signature with date & place

CHECKLIST FOR 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 Post.

Sr.	Particular	Yes	No
1	A certificate for date of birth.		
2	Copy of Address Proof		
3	Category Certificate attached if applicable (for OBC less than 06 months)		
4	Application fees as per the category		
5	Copies of Professionals degrees		
6	Copy of MBBS registration		
7	Copy of MD/MS/DNB registration		
8	Copy of DM/MCh/DrNB registration		
9	Certificates for teaching experience		
10	Print of Research papers published		
11	Testimonials of 03 referees attached		
12	Application forwarded through proper channel		
13	Self-Declaration signed		
Any Remarks from the candidates			