

# Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow, Uttar Pradesh 226 014

Phone 0522 249 4272, Website: [www.sgpqi.ac.in](http://www.sgpqi.ac.in)


Applications are invited for the following post regarding Bill & Melinda Gates foundation (BMGF) funded research project titled "Infection Prevention and Control (IPC)- Capacity Building-Orientation Training for COVID-19 Preparedness and IPC for Healthcare Facilities" under Dr. Ujjala Ghoshal, Professor & Head, Department of Microbiology, SGPGIMS, Lucknow.

S. No	Post	Duration and type of employment	No. of Post	Consolidated salary/ month	Eligibility
01	JRF	Temporary appointment is for 02 years. Purely on contractual basis.	01	Rs 38,440/- (31,000 + 24% HRA)	Post Graduate (M.Sc.) in Life Sciences with at least 02 years laboratory experience. Hand on experience in Molecular Biology, ELISA etc.
02	Junior Nurse		01	Rs 18,000/-	Candidate having Diploma in Nursing or Midwifery With 02 years' experience in related field. <b>OR</b> Candidate Having B.Sc. in Nursing of 4 Years With 01-year experience in related field.

Those interested should apply with the duly filled enclosed application form by the applicant along with the current bio-data and self-attested testimonials may send to the email: [pgirecruitmentcovid@gmail.com](mailto:pgirecruitmentcovid@gmail.com) latest by 20<sup>th</sup> January 2022. Eligible candidates will be intimated by email regarding the date of online interview. No separate call letters will be issued.

**Note:**

No bio-data and self-attested testimonials will be acceptable without application form filled by the applicants. No application will be accepted after 20<sup>th</sup> January 2022. The Director, SGPGIMS reserves the right to cancel the advertisement/selection without assigning any reason.

  
**Prof. Ujjala Ghoshal**  
**PI/HOD Microbiology**  
**SGPGIMS, Lucknow**

## APPLICATION FORM

**Post Applied For** \_\_\_\_\_

Please affix  
your recent  
passport size  
photograph

### PERSONAL INFORMATION

NAME:	DATE OF BIRTH:	Gender
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ADDRESS:

TELEPHONE (Home)	Mobile	EMAIL ADDRESS:
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PLACE OF BIRTH (City, Country)	CITIZENSHIP:
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In case of accident, notify:

	Name	Relationship	Contact Number
Primary			
Secondary			

### EDUCATION

Qualification Title	School Name/ Board	Period (Year)		Percentage
		From	To	

### WORK EXPERIENCE

Name of the Organization/ Hospital/Institute	Date (Year)		Designation	Nature of Duties
	From	To		

### MAJOR SKILLS

Declaration: - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired

**Date**  
**Signature**