SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW DEPARTMENT OF RADIODIAGNOSIS

Short term Appointment for Senior Resident (Hospital Services) through

WALK-IN-INTERVEIW On 27th September, 2021

Applications are invited for vacant posts of Senior Residents (hospital Services) in the department of Radiodiagnosis for a short term appointment for a period of 89 days. The details are as under:

S.No.	Department	No. of Posts	Qualification
1.	Radiodiagnosis	10 (OBC-03, UR-03,	M.D./DNB(Radiodiagnosis)
		EWS-04	

- Number of posts may be increased or decreased.
- Maximum age limit: 37 years as on date of Interview.
- Reservation as per rules.
- Pay & Allowances: Rs.67700-208700/- and other allowances as per institute rules.
- Candidates who have already completed three years senior residency may not be considered for the appointment. Interested candidates are required to appear for a walk-in-interview on 27.09.2022 (Tuesday) at 10.30 A.M. in the department of Radiodiagnosis. The candidates must bring following documents for submission:.
- 1. A Demand Draft of Rs.200/- in favour of "Director SGPGI Academic Account" payable at SBI, SGPGIMS branch, Lucknow.
- 2. Four Passport size Photographs.
- 3. Curriculum Vitae.
- 4. Photocopies of all relevant Certificates & Testimonials.
- 5. Candidate should fill the prescribed form available in the site of institute before the interview.

Venue: Dept. of Radiodiagnosis (F- Block, Ground Floor, Main Hospital).

Date : 27th September, 2022 at 10.30 A.M.

Note: For any query please contact Mr. N.R.L. Nigam, Personal Secretary on mobile No. 8004904498.

PS: No TA/DA will be given for attending the interview.

(DR. SUNIL KUMAR)
PROF. & HEAD



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014

Application Form Walk-in interview for Ad-hoc short-term Senior Resident (Hospital Services)

Paste a self signed Passport size Photograph

Do not staple

	Details of l	Bank Draft				Signatur	e of Candidate
						Signatur	c of Calididate
1.	Department/Special	ty					
2.	First Name	1	Middle Name		Sur	name	
3.	Father's/ Husband's	Name					
L	Mother's Name						
4.	Date of Birth (DD/N	MM/YY)	/	/[as on date plication
5.	Gender: Male/ Fema	ale/Transgender	T .				
6.	Martial Status (Single	=1, Married=2,	Widow=3, Divorce	d=4, Sepa	arated=5		
7. Mai	ling Address				Phone:		
					Mobile:	·	
					E-mail:		
8. Perr	manent Address (If diff	erent from abov	ve)		Phone:		
					Mobile:		
					E-mail:	***************************************	
9.	Category (SC=1, ST=	=2, OBC=3, Ger	1=4)			**************************************	
10.	State of Domicile			1			
11.	MBBS Registration N	Number	Date	Name	of Medical	Council	
			1				
12.	E i i i E	Tx	Academic Qua				
A	Examination Passed Matriculation	Intuition	Subject	Year	% Marks/	Division	No. of Attempts
A.	1-rati iculation						7
В	MBBS						

S.L	Post Held	Institution	University	Duration	
				From	To

Post Held	Duration		Reason for leaving
	From	То	

Declaration of Dependents

Name	Age	Relation with applicant	Occupation*	Income (per month)*
			7.7	

^{*}with proof.

If employed, get your application forwarded by the head of the institution as under OR at	ttach a '	No
Objection Certificate':		

Certified that undersigned has no objection in forwarding the application of

	0	
Dr		In

Dated.....

Signature & Seal of Head of Institution

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 the Candidate

Documents to be attached with the application form:

- Bank draft of Rs 200, in favor of Director, SGPGIMS, Academic account, payable at Lucknow
- Self-certified copy of
 - a. Matriculation certificate/age proof or any authentic age proof certificate.
 - b. MBBS mark sheet/degree or pass certificate & MCI registration proof.
 - c. Certificate/Proof of MBBS degree's recognition by MCI.
 - d. Caste certificate from competent authority within the last 6 month.