|  |  |  |
| --- | --- | --- |
| Sanjay Gandhi Postgraduate Institute of Medical Sciences Logo  Application Form Walk in Interview for Ad-hoc short term Senior Resident (Hospital Services) /Junior Resident (Non-academic)/ Medical Physics Resident/Senior Demonstrator/Statistical Fellows & Regular (One year) Post Doctoral Fellow (PDF) Program  Paste a Self-Signed Passport size photograph  (Do not Stample) | | |
| Application Fee:  Transaction Reference Number:    Date of Transaction:  Mode of Transaction:  Amount Paid (INR): | | Signature of Candidate |
| 1. | Application for the post of; |  |
| 2.. | Department / Specialty |  |
| 3. | Name of the Candidate  (First name, Middle Name, Surname) |  |
| 4. | Father / Husband Name  (First name, Middle Name, Surname) |  |
| 5. | Mother name  (First name, Middle Name, Surname) |  |
| 6. | Date of Birth (DD/MM/YYYY) |  |
| 7. | Age as on date of application (Completed years) | Days: , Months : Years : |
| 8. | Gender (Male/Female/Transgender) |  |
| 9. | Marital status  (Single /Married/Widow/Divorced  /Separated) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10. | Mailing Address (Corresponding address): | | | | | |
|  | Phone | | |  | | |
|  | Mobile | | |  | | |
|  | Email | | |  | | |
| 11. | Permanent address (If different from the mailing address otherwise write Not Applicable): | | | | | |
|  | Phone | | |  | | |
|  | Mobile | | |  | | |
|  | Email | | |  | | |
| 12. | Category (SC/ST/OBC/EWS/General) | | |  | | |
| 13. | State of Domicile | | |  | | |
| 14. | MBBS Registration Number (If applicable otherwise write Not Applicable): | | | | | |
|  | Number | | |  | | |
|  | Date | | |  | | |
|  | Name of Medical council | | |  | | |
| 15. | **Academic qualification** | | | | | |
|  | Examination  passed | Institution | Subject | Year | % Marks / Division | No of Attempts |
| A | Matriculation (10th) |  |  |  |  |  |
| B | Intermediate (10+2) |  |  |  |  |  |
| C | MBBS/B.Sc. |  |  |  |  |  |
| D | MD/MS/  DNB/M.Sc. |  |  |  |  |  |
| E | DM/MCh/  DNB/PhD |  |  |  |  |  |
| F | Other (if any) |  |  |  |  |  |
| 16. | **Employment details** | | | | | |
|  | Post Held | Institution | University | | Duration | |
| From | To |
| A |  |  |  | |  |  |
| B |  |  |  | |  |  |
| C |  |  |  | |  |  |
| D |  |  |  | |  |  |
| 17. | Have you have worked at SGPGI earlier? If yes, please provide the following details | | | | | |
|  | Post Held | | Duration | | Reason for leaving | |
| From | To |
| A |  | |  |  |  | |
| B |  | |  |  |  | |
| C |  | |  |  |  | |
| D |  | |  |  |  | |
| 18. | Declaration of Dependents | | | | | |
|  | Name | | Age | Relation with Applicant | Occupation | Income  (INR per month) |
| A |  | |  |  |  |  |
| B |  | |  |  |  |  |
| C |  | |  |  |  |  |
| D |  | |  |  |  |  |
| 19. | Any other relevant information you would like to mention that establishes your suitability and relevance for the position (including your awards/research publications etc.). | | | | | |
| A. |  | | | | | |
| B. |  | | | | | |
| C. |  | | | | | |

If employed, get your application forwarded by the head of the institution at under OR attach a "No Objection Certificate' Certified that undersigned has no objection in forwarding the application of

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:**  For Ad-hoc short term Senior Resident (Hospital Services) /Junior Resident (Non-academic)/Medical Physics Resident/Senior Demonstrator/Statistical Fellow   1. A Transfer of Rs.200/-(Two Hundred only) through NEFT/RTGS in Favor of Director, SGPGI (Academic Account), Account No. 10095237571, IFSC code no. SBIN0007789 payable at State Bank of India, SGPGIMS Branch, Lucknow   2. Self-certified photocopy of all relevant certificates and testimonials.   1. Certificate for proof of age (Only high school certificate is accepted). 2. 10th and 12th Marksheet / Certificate 3. Undergraduate degree 4. Post graduate Degree (except for Junior Resident Non-Academic) 5. PhD degree (Applicable for Senior Demonstrator only) 6. MCI/DCI registration proof [For Senior resident (Hospital services) / Junior Resident (Non-academic) only (Whichever applicable)] 7. Certificate/Proof of MBBS/BDS degree's recognition by MCI/DCI (if applicable and Whichever applicable) 8. Caste certificate from competent authority within the last 6 month.   Candidate should attach above required documents along with application form and submit in the concerned department on the day of admission  ( There is no need to send it in advance )  **P.T.O.**  **Documents to be attached with the application form:**  Regular (One year) Post Doctoral Fellow (PDF) Program   1. A Transfer of Rs.1000/-(One Thousand Only), through NEFT/RTGS in Favor of Director, SGPGI (Academic Account), Account No. 10095237571, IFSC code no. SBIN0007789 payable at State Bank of India, SGPGIMS Branch, Lucknow   2. Self-certified photocopy of all relevant certificates and testimonials.   1. Certificate for proof of age (Only high school certificate is accepted).      1. 10th and 12th Marksheet / Certificate 2. MBBS Degree/Certificate 3. MD/MS/DNB as applicable 4. DM/MCh/DNB Degree as applicable 5. MCI registration proof 6. Certificate/Proof of MBBS degree's recognition by MCI 7. Caste certificate from competent authority within the last 6 month. 8. A write-up of about 200 words to describe the work done by him/her in the area, the reason for applying for PDF course and wants to do after PDF. They need to include complete and accurate addresses, contact numbers and emails of two persons who can act as referees’ knowledgeably. 9. Passport size photographs (6 Nos) facing camera, clearly visible light background. The photograph submitted must be recent and not over a month old. 10. The prospective PDF candidates are required to submit the above **APPLICATION FORM** complete in all respects along withall required documents and Fee receipt to the **Executive Registrar, Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Raebareli road, Lucknow-226014**, through Speed Post. 11. Further, the same documents (application form complete in all respects along with scanned copy of all documents and fee receipt) are to be sent to the email of the Executive Registrar Office: [erexam.sgpgi@gmail.com](mailto:erexam.sgpgi@gmail.com). 12. The subject should be mentioned: Application for PDF in the Department of… |