# SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW.

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

##### APPLICATION FOR THE POST OF

**PROFESSOR/ASSISTANT PROFESSORS ON CONTRACT BASIS**

**FOR THE DEPARTMENT OF HEPATOLOGY**

**ADVT. NO** **……………………**

PLEASE ATTACH   
A RECENT PHOTOGRAPH HERE

**POST APPLIED FOR** **…………………………………………………………………………………**

**IN THE SPECIALITY OF** **……………………………………………………………………………..**

**…...……………………………………………………………………………………………………….**

**1.NAME IN FULL** **…………………………………………………………………………………………………………………………………….**

**(CAPITAL LETTERS) FAMILY NAME FIRST NAME MIDDLE NAME**

**2. NAME OF FATHER ………………………………………………………………………………………………………………………………..**

**3. NAME OF MOTHER ……………………………………………………………………………………………………………………………….**

**4. MAILING ADDRESS ………………………………………………………………………………………………………………………………**

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**STREET CITY PINCODE**

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**PROVINCE/STATE COUNTRY**

**PHONE NO……………….……………………………………EMAIL ADDRESS ………………………………………………………………...**

**(1)**

**5. PERMANENT ADDRESS ………………………………………………………………………………….………………………………………**

**(PRINT ONLY IF DIFFERENT STREET CITY PINCODE**

**FROM ABOVE)**

**…………………………………………………………………………………………………………………………………………………………… PROVINCE/STATE COUNTRY**

**6. COUNTRY OF BIRTH ……………………………………… COUNTRY OF CITIZENSHIP………………………………………………...**

**7. DATE OF BIRTH ……………………………………… ……AGE IN YEARS …………………………………………………………………**

**DAY MONTH YEAR IN WHOLE NUMBERS COMPLETED**

**8. SEX ………………………………… MARITAL STATUS ……………………………………………………………………………………….**

**SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED**

**9. SCHEDULED CASTE YES NO**

**SCHEDULED TRIBE YES NO**

**OTHER BACKWARD CLASS YES NO**

**EX-SERVICEMEN YES NO**

**(2)**

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

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| **No.** | EXAMINATION | DATE | ATTEMPTS | GRADE | INSTITUTION |
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1. **PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession ) giving brief description of the award.**

|  |  |
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| **NO.** | **DESCRIPTION** |
|  |  |

(3)

SUMMARY OF QUALIFICATIONS

(SUBMIT 10 COPIES)

Advt. No.

Item No.

Name of the Post ………………………………………….……………………………………………………………………………………

A. Name …………………………………………………………….. B.Present Employment with present basic Salary & grade

Age……………………………………………………………….. …………………..………………………………………………

Qualifications …………………………………………………. Minimum pay acceptable, if selected…………………….

Member of Scheduled Caste/Tribe/Backward class……. Notice required for joining…………………………………

…………………………………………………………………... Whether applied through proper channel……………….

C Academic Vitae (from Matriculation on wards)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Examination | College/ Institution | University/ Board | Year | Subjects | **% of Marks**  obtained | **Class /Division**  Grade | **Merit/Prizes**  Medals won, If Any |
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**(4A)**

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| **D. Languages Known** | | | E. Teaching Experience  **Total in (years)………………………………….**  **Under-graduate classes………………………**  **Subject taught………………………………….**  **…………………………………………………….**  **Post-graduate Classes………………………..**  **Subject taught………………………………….** | | F. Research Experience. | |
| **Read** | **Write** | **Speak** |
|  |  |  |
| **G. No. Research papers**  **Published……………………………**  **National………………………………**  **…………………………………………**  **International…………………………**  **…………………………………………** | | | **H. Books Published** | **I. No. Research Projects** | | J. No. of dissertations supervised  **MD/MS………….….**  **DM/MCH……….….**  **Ph. D.………………** |
| K. Reference & Testimonials | | | | | | |

1. Additional Information.

**………………..…………………………**

**Signature of the applicant**

**Date………………………………………**

**Designation…………………………….**

**Place of work…………………………..**

**(4B)**

12.PROFESSIONAL EXPERIENCE (before obtaining prescribed qualification which makes you eligible for the post ) title of the post held, data of joining, date of leaving, complete number of years spent (give in whole numbers ), nature of post (involving practice, teaching and / or research) and emoluments per annum, for each post.

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| **No.** | **NAME OF THE POST** | **INSTITUTION** | DATE OF JOINING | DATE OF LEAVING | **EXPERIENCE MONTHS/ DAYS** | NATURE OF JOB | REASONS FOR LEAVING | EMOLU- MENTS |
|  |  |  |  |  |  |  |  |  |

13. PROFESSIONAL EXPERIENCE (after obtain’g prescribed qualification which makes you eligible for the post).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **NAME OF THE POST** | **INSTITUTION** | DATE OF JOINING | DATE OF LEAVING | **EXPERIENCE IN YEAR/S MONTHS/ DAYS** | NATURE OF JOB | REASONS FOR LEAVING | EMOLU- MENTS |
|  |  |  |  |  |  |  |  |  |

14. 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.

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| --- | --- | --- | --- |
| NO. | **STATUS** | **NAME** | DATE OF MEMBERSHIP |
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**(5)**

1. MAJOR INTERESTS/HOBBIE/EXTRA-CURRICULAR ACTIVITIES.

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16. RESEARCH EXPERIENCE together with details of published works (attach separate sheets of the size of each of the following) :

* 1. PAPERS PUBLISHED.
  2. PAPERS UNDER PUBLICATION.
  3. PROFESSIONAL COURSES, SEMINARS/WORKSHOPS/CONFERENCES ATTENDED.
  4. PAPER PRESENTED AT CONFERENCES.
  5. VISITING PROFESSORSHIPS TO ACADEMIC INSTITUTIONS.
  6. ANY OTHER.

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

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(6)

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

1. Name of Referee ………………………………………………………………………………………………..…………………………………..

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DESIGNATION ORGANISATION

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STREET CITY PIN CODE

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PROVINCE/STAFF COUNTRY

1. Name of Referee ……………………………………………………………………………………………………………………………………

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DESIGNATION ORGANISATION

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STREET CITY PIN CODE

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PROVINCE/STAFF COUNTRY

1. Name of Referee …………………………………………………………..…………………………………………………………………………

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DESIGNATION ORGANISATION

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STREET CITY PIN CODE

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PROVINCE/STAFF COUNTRY

1. Present Employment……………………………………………………………………………………………………………………………….

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DESIGNATION ORGANISATION

1. Annual Pay Rs …………………………………………………………………………………………………………………………………….

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

Place

Date Signature…………………………………...

(7)

INSTRUCTIONS TO 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 for:

1. A certificate of date of birth.
2. If belonging to scheduled caste/scheduled tribe/other backward class/ex-servicemen category etc. a certificate issued within 6 months from competent authority in support of the claim.
3. Academic records including on official certification of each degree earned from each Institution of higher learning attended and official transcripts of each examination passed (If the records are not in English / Hindi, a certified English / Hindi translation must be provided)
4. Official certification of distinctions, prizes, medals etc. received.
5. Reprints of papers published /under publication which you claim to the post applied for.
6. Testimonials from three referees in support of your claim to the post applied for.
7. Address sheet duly filled.
8. A declaration that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.
9. A non -refundable application fee of US$ 100 or equivalent foreign currency in the case of application from outside India or Rs. 2000 in case of applicants within India, in the form of demand draft payable to the Director, Sanjay Gandhi Post-graduate Institute of Medical Sciences, Raebareli Road, Lucknow Academic Account, payable at (SBI-CodeNo.7789) SGPGIMS, Lucknow. Candidates should write their name on the back side of the draft.
10. The candidate in employment must get their application forwarded through proper channel. However, the advance Copy should reach the Institute within the specified time limit.