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**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,
Raebareli Road, Lucknow –226014 (India)**

Addendum-III to the Advertisement No. I-37/ER/Acad-85/2021-22
Supplementary Notice Regarding 01 Year's Fellowship Programmes

Applications are invited for vacant positions of Post Doctoral Fellow (PDF)-in following department of the Institute.

S.No.	Name of Department	Specialty	Subject code	Seats
1.	Urology	Pediatric Urology	293	02

The candidates must possess recognized M.Ch/DNB qualification in the respective specialty by the day of the Interview.

Interested aspirants are required to submit their application to the Executive Registrar of the Institute along with necessary documents latest by **07th April, 2022**.

Application Fee:-A bank draft of Rs.1000/-in favor of **Director, SGPGI (Academic Account), Account No. 10095237571, IFSC code No. SBIN0007789 payable at State Bank of India, SGPGIMS Branch, Lucknow.**

Age: There is no upper age limit.

Pay & Allowances: He/She shall be paid Rs.71800/- per month (Level -11) plus NPA and other allowances as per Institute's rule.

Qualification: (M.Ch/DNB) RECOGNISED by the Medical Council of India (except for degrees not covered by Medical Council of India, where the degrees must be recognized by the respective bodies that approve the qualifying courses). Postgraduate degrees from Departments/Institutions to which MCI recognition has not been formally granted (for example: under consideration) will not be considered and candidature of applicants with such degrees may be rejected at any stage (including after admission if this fact comes to notice at that stage).

Requirements:

Candidates are required to submit 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' knowledgably.

Interview:

1. The date and time of the interview will be intimated to the aspirants from the office of Head, Department concerned via email/SMS at least 01 week before the interview.
2. No TA/DA will be paid to the candidates for attending the interview.

Executive Registrar



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014
Entrance Examination for Appointment to Post Doctoral Fellowship Program.

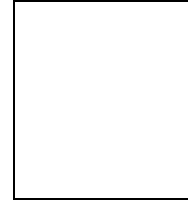
Advt. No: I-37/ER/Acad-85/2021-22

****Office Use Only**

Screened By(Name)

Eligible / Not Eligible

Provisional For



Paste same
Photo here

Detail of Transaction:

Bank Draft No:

Transaction Date :

Name of Issuing Bank:

Candidate's Name:*

Contact No.:

E-mail:

Remark:

Medical Council
Registration Detail:*

Registration No. Date

Name of Medical
Council

Nationality:

State of Domicile:*

Category:*

Date of Birth:*

Subject Detail:*

Sl.No	Specialty	Program	Code	Preferences
		PDF		

Father's/Husband's Name:*

Father's/Husband's Occupation:*

Marital Status:*

Gender:*

Sponsored Candidate:*

Mailing Address:*

Address: Line 1:
Line 2:

District:

State:

Pin code:

Permanent Address:

Address: Line 1:
Line 2:

District:
State:
Pin code:

Academic Qualification: **Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form**

Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Specialty
Matriculation					
MBBS					
MD/MS/DNB					
DM/M.Ch					

Employment Detail:

Post Held	Institution	University	Duration	
			From	To

Declaration of Dependents:

Name	Age	Relation with applicant	Occupation	Income/Month

Attachments:

Caste certificate (if applicable)	High School certificate/proof of date of birth certificate
Council Reg. Certificate (Medical)	Handicapped Certificates
Sponsorship Certificate	Any other relevant Certificates
No Objection Certificate if Employed	Proof of MCI recognized qualifying course
Post graduation degree/ pass certificate/certificate of appearing in MD/MS examination	

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 Candidate

Signature & Seal of Head of Institution

