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

**Addendum-II to the Advertisement No. I-40/ER/Acad/2022-23**  
**Supplementary Notice Regarding 01 Year's Fellowship Programmes**

With reference to the above noted advertisement, it is published for notice of all concerned that following position of Post Doctoral Fellowship (PDF) is vacant in the department of Neurology of the Institute. The candidates must possess DM/DNB qualification in the respective specialty by the day of the Interview. Interview will be held in the office of respective Head of the Department. The date of interview will be intimated to the candidate by the department concerned.

Interested aspirants are required to submit application forms to the Executive Registrar through Speed Post on the prescribed format attached with a bank draft of Rs.1000/- in favor of Director, SGPGI (Academic Account) payable at State Bank of India, SGPGIMS Branch, Lucknow.

The details of vacant positions are as follows:-

S.No.	Name of Department	Specialty	Subject code	Seats
1.	Neurology	Neuro Critical Care	203	01

Last date for receiving applications: 05<sup>th</sup> April, 2023.

Executive Registrar



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014  
Application Form for Post Doctoral Fellowship-2021-22

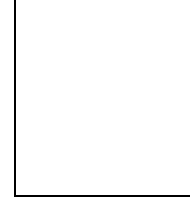
**Advt. No: I-40/ER /Acad/2022-23**

**\*\*Office Use Only**

**Screened By**(Name)

**Eligible / Not Eligible**

**Provisional** For



Paste same  
Photo here

Detail of Transaction:

Bank Draft No:  
Name of Issuing  
Bank:

Transaction Date :

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:\*

SI.No	Specialty	Program	Code	Preferences
1.		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