

Email:-erexam.sgpgi@gmail.com
FAX: 91-522-2668017



Phone:(0522) 2494009,
2494304

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

Advt. No: I/27/ER/Acad/2023-24

Notice regarding 01 year's Fellowship PDF-Programes

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

S.No.	Name of Department	Specialty	Subject code	Seats
1.	Urology	Pediatric Urology	293	02
2.	C.V.T.Surgery	Pediatric Cardiac Surgery	132	01
		Minimally Invasive CVT Surgery	133	01
3.	Gastroenterology	Advanced Endoscopy	162	01
		GI Physiology	163	01
4.	Neurosurgery	Neuro Critical Care	219	01
		Skull Base and Spine Surgery	214	01
		Cerebro Vascular Surgery	216	01
		Neurosurgical Tramatology	218	01
		Neuro Endoscopy	220	01
5.	Hematology	Bone Marrow Transplantation	323	02
6.	Pediatric Surgical Super specialties	Pediatric Surgical	353	02
		Gastroenterology		
		Pediatric Onco-Surgery	356	01
		Pediatric Minimal Access Surgery	357	01

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

For PDF in Bone Marrow Transplant the requisite qualification besides DM (Clinical Hematology/Medical Oncology) would also include DNB(Hematology/Medical Oncology/FNB Pediatric Hemato-Oncology/Two years special training in Clinical Hematology, provided candidates have at least 3 years post MD-Medicine/Pediatrics training experience.

Interested aspirants are required to submit their application to the Executive Registrar, Sanjay Gandhi PGIMS, Raebareli Road, Lucknow along with necessary documents latest by **15th October, 2023.**

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: (DM/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
Application Form for Post Doctoral Fellowship-2023-24

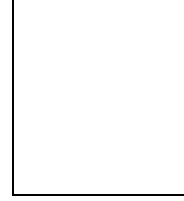
Advt. No: I/27/ER/Acad/2023-24

****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
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