



**Sanjay Gandhi Postgraduate Institute of Medical Sciences**  
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Email: erexam.sgpqi@gmail.com

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2495266, 2494009

**Addendum to the Advertisement No. I/27/ER/Acad/2023-24**

**Supplementary Notice Regarding 01 Year's Fellowship Programme**

With reference to the above noted advertisement, it is published for notice of all concerned that positions of **Post Doctoral Fellowship (PDF) in the Department of Cardiovascular & Thoracic Surgery** are vacant as per details given under:-

S.No.	Name of Department	Specialty	Subject code	No. of Seats
1.	C.V.T. Surgery	Pediatric Cardiac Surgery	132	01
2.		Minimally Invasive CVT Surgery	133	01

**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.

Interested aspirants are required to submit application forms to the Executive Registrar through Speed Post on the prescribed format attached with a bank draft or transfer of Rs.1000/- through RTGS in favor of Director, SGPGI (Academic Account) Account No. 10095237571, IFSC code no. SBIN0007789 payable at State Bank of India, SGPGIMS Branch, Lucknow on prescribed format annexed to this addendum.

Last date for receiving applications: 25<sup>th</sup> Jan, 2024.

Executive Registrar



**Sanjay Gandhi Postgraduate Institute of Medical Sciences,  
Lucknow 226014  
Appointment to the Post Doctoral Fellowship Program.**

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

<b>Office Use Only</b>				
<b>Screened By</b> (Name)				Paste same Photo here
<b>Eligible / Not Eligible</b>				
<b>Provisional For</b>				
<b>Detail of Transaction:</b>	<b>Bank Draft No:</b>	<b>Transaction Date :</b>		
	<b>Name of Issuing Bank:</b>			
<b>Candidate's Name:*</b>				
<b>Contact No.:</b>				
<b>E-mail:</b>				
<b>Remark:</b>				
<b>Medical Council Registration Detail:*</b>	<b>Registration No.</b>	<b>Date</b>	<b>Name of Medical Council</b>	
<b>Nationality:</b>				
<b>State of Domicile:*</b>				
<b>Category:*</b>				
<b>Date of Birth:*</b>				
<b>Subject Detail:*</b>				
<b>Sl. No</b>	<b>Specialty</b>	<b>Program</b>	<b>Code</b>	<b>Preferences</b>
<b>1.</b>		<b>PDF</b>		
<b>Father's/Husband's Name:*</b>				
<b>Father's/Husband's Occupation:*</b>				
<b>Marital Status:*</b>				
<b>Gender:*</b>				
<b>Sponsored Candidate:*</b>				
<b>Mailing Address:*</b>				
<b>Address Line 1:</b>				
<b>Address Line 2:</b>				
<b>District:</b>	<b>State:</b>		<b>Pin code:</b>	

<b>Permanent Address:*</b>					
Address Line 1:					
Address Line 2:					
District:		State:		Pin code:	
<b>Academic Qualification: Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form</b>					
Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Specialty
Matriculation					
MBBS					
MD/MS/DNB					
DM/M.Ch					
<b>Employment Detail:</b>					
Post Held	Institution	University	Duration		
			From	To	
<b>Declaration of Dependents:</b>					
Name	Age	Relation with applicant	Occupation	Income/Month	
<b>Attachments:</b>					
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					
<b>Declaration</b>					
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**