**Ref: PGI/MICRO/365/2022**

Applications are invited from eligible candidates for the following post:

| S.NO. | Designation | Duration and type of employment | No. of post | Consolidated salary/ month (Rs) | Eligibility |
|---|---|---|---|---|---|
| 1 | Lab Technician | Temporary appointment purely on contractual basis for short term in COVID-19 laboratory | 02 | ₹ 17,724.00 | Intermediate (10+2) with Diploma or certified course in medical laboratory technology or equivalent |
| 2 | Data Entry Operator | | 01 | ₹ 17,037.00 | Graduate in any discipline. One year Diploma in Computer Course. Typing speed of min 40 WPM in English. |

Those interested should apply with the duly filled enclosed application form by the applicant along with the current bio-data and self-attested testimonials may send to the email: **pgirecruitmentcovid@gmail.com** latest by 25th January 2022. Eligible candidates will be intimated by email regarding the date of online interview. No separate call letters will be issued.
**Note:**
The email subject should be according to the advertisement ref. no. & position mentioned in the advertisement.
No bio-data and self-attested testimonials will be acceptable without application form filled by the applicants.
No application will be accepted after 25th January 2022.
The Director reserves the right to cancel the advertisement/selection without assigning any reason.

**Director**
**SGPGIMS, Lucknow**

# APPLICATION FORM

**Post Applied For** _____

## PERSONAL INFORMATION

| NAME: | DATE OF BIRTH: | Gender |
|---|---|---|

| ADDRESS: | | |
|---|---|---|

| TELEPHONE (Home) | TELEPHONE (Mobile) | EMAIL ADDRESS: |
|---|---|---|

| PLACE OF BIRTH (City, Country) | | CITIZENSHIP: |
|---|---|---|

In case of accident, notify:

| | Name | Relationship | Contact Number |
|---|---|---|---|
| Primary | | | |
| Secondary | | | |

## EDUCATION (most recent)

| Qualification Title | School Name/ Board | Period (Year) From | Period (Year) To | Percentage |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## WORK EXPERERIENCE

| Name of the Organization/ Hospital/Institute | Date (Year) From | Date (Year) To | Designation | Nature of Duties |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## MAJOR SKILLS

| | | |
|---|---|---|
| | | |

| Declaration: - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired | Date Signature |
|---|---|