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Department of Maternal and Reproductive Health

Email: exam.sgpgi@gmail.com

Raibareli Road Lucknow UP, India, Fax: 91-522-2668017

Ph. 05222495640

ADVERTISEMENT FOR SHORT TERM APPOINT TO THE POST OF SENIOR RESIDENT (HOSPITAL SERVICES)

Applications are invited for Short term appointment of Senior Resident(Hospital Services) in the Department of Maternal and Reproductive Health for a period of 89 days or joining of the Senior Residents through regular selection, whichever is earlier, through walk-in interview.

No. of Post:-

UR	OBC	SC
1	2	1

Reservation: As per rules of Utter Pradesh Government

Date & Venue of walk-interview: 8 September 2023, at 2 PM in Seminar Room 4th floor PMSSY Building SGPGI Lucknow.

Pay: - As per Institute rules.

Eligibility Criteria:

- 1. MD/DNB/OBGY.
- 2. Maximum age limit 37 years(Age relaxation as per rules).
- 3. MCI Registration of MD/DNB mandatory before joining, if selected.

General Information:-

- 1. This is appointment will be for 89days only and no extension of appointment will be granted.
- 2. The candidate who have already completed three years residency will not be eligible for Intervierw.
- 3. No TA/DA will be given for attending the interview.
- 4. Director reserves the absolute discretion to cancel the advertisement in part or whole, without assigning any reason.
- 5. Number of post advertised may be increased or decreased at the time of interview.
- 6. Candidates should download the form attached herewith & submit along with self certified copies of the documents on the schedule date of walk –in-interview.
- 7. A bank draft of Rs. 200/-(Rs. Two Hundred Only)in favor of Director, SGPGI, Academic Account Payable at SBI, SGPGI Branch, Lucknow.
- 8. Two recent passport size photographs

(Prof.Mandakini Pradhan)

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Frof. & Head

Prof. & Head

M. of Maternal & Reproductive Health

CROIMS Lucknow



B

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014

Application Form Walk-in interview for Ad-hoc short-term Senior Resident (Hospital Services)

Paste a self signed Passport size Photograph

Do not staple

Details of Bank Draft		L	Signature	of Candidate
1. Department/Specialty	T			*
2. First Name	Tagina N			
The raince	Middle Name		Surname	
3. Father's/ Husband's Name Mother's Name				
4. Date of Birth (DD/MM/YY)	/	/		s on date
5. Gender: Male/ Female/Transgende	г			
6. Martial Status (Single=1, Married=2		1.4.5	<i>E</i>	
	, widow=3, Divorced	d=4, Separated=	=5	
7. Mailing Address		Phone:		
		Mobile	::	
		E-mail		
3. Permanent Address (If different from above	e)	Phone:		
		Mobile		
		Widdie		
		E-mail:		
Category (SC=1, ST=2, OBC=3, Gen	=4)			
State of Domicile				
MBBS Registration Number	Date	Name of Me	dical Council	
		Traine of the	dieur council	
		10		
Examination Passed Intuition	Academic Qual Subject		arks/ Division	N. C.A.
Matriculation	Subject	1 Cai 70 IVI	arks/ Division	No. of Attempts
MBBS	1			
		4		

13	Employment details Post Held			
5.1	Post Held	Institution	University	Duration
				Prom
-				

14. Have you have worked at SGPGI earlier? If yes, please provide the following details:

Post Held	Duration		Reason for leaving
	From	То	

Declaration of Dependents

		Tanana da	Occupation*	Income (per
Name	Age	Relation with	Occupation	Income (per month)*
		applicant		

^{*}with proof.

If employed, get your application forwarded by the head of the institution as under OR attach	a No
Objection Certificate':	

Certified that undersigned has no objection in forwarding the application of

Certifica		
Dr	 	In

	and a fitted of Institution
D-4-3	Signature & Seal of Head of Institution
Dated	

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 the Candidate

Documents to be attached with the application form:

- Bank draft of Rs 200, in favor of Director, SGPGIMS, Academic account, payable at Lucknow
- Self-certified copy of
 - a. Matriculation certificate/age proof or any authentic age proof certificate.
 - b. MBBS mark sheet/degree or pass certificate & MCI registration proof.
 - Certificate/Proof of MBBS degree's recognition by MCI.
 - d. Caste certificate from competent authority within the last 6 month.