

SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW

DEPARTMENT OF RADIODIAGNOSIS

Short term Appointment for Senior Resident (Hospital Services) through

WALK-IN-INTERVIEW

On 16th August, 2023

Applications are invited for vacant posts of Senior Residents (hospital Services) in the department of Radiodiagnosis for a short term appointment for a period of 89 days. The details are as under:

S.No.	Department	No. of Posts	Qualification
1.	Radiodiagnosis	10 (OBC-03, UR-03, EWS-04)	M.D./DNB(Radiodiagnosis)

- Number of posts may be increased or decreased.
- Maximum age limit: 37 years as on date of Interview.
- Reservation as per rules.
- Pay & Allowances: Rs.67700-208700/- and other allowances as per institute rules.
- Candidates who have already completed three years senior residency may not be considered for the appointment. Interested candidates are required to appear for a walk-in-interview **on 16.08.2023 (Wednesday) at 10.30 A.M. in the department of Radiodiagnosis. The candidates must bring following documents for submission:**

1. A Demand Draft of Rs.200/- in favour of "Director SGPGI Academic Account" payable at SBI, SGPGIMS branch, Lucknow.
2. Four Passport size Photographs.
3. Curriculum Vitae.
4. Photocopies of all relevant Certificates & Testimonials.
5. Candidate should fill the prescribed form available in the site of institute before the interview.

Venue : Dept. of Radiodiagnosis (F- Block, Ground Floor, Main Hospital).

Date :16th August, 2023 at 10.30 A.M.

Note : For any query please contact Mr. N.R.L. Nigam, Private Secretary on mobile No. 8004904498.

PS : No TA/DA will be given for attending the interview.

Archana Gupta
(DR. ARCHANA GUPTA)
PROF. & HEAD



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226 014

Paste a self-signed
Passport-Size
Photograph

Do not staple

APPLICATION FORM Walk-in interview for Ad-hoc short-term Senior Resident (Hospital Services) / Medical Physics Resident/ Demonstrators

Details of Bank Draft

Signature of Candidate

1.	Department/Specialty			
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2.	First Name	Middle Name	Surname

3.	Father's/Husband's Name			
	Mother's Name			

4.	Date of Birth (DD/MM/YY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Age as on date of application	<input type="text"/>
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5.	Gender: Male / Female / Transgender
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6.	Martial status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)	<input type="text"/>
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7. Mailing address:	<input type="text"/>
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Phone:	<input type="text"/>
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Mobile:	<input type="text"/>
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e-mail:	<input type="text"/>
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8. Permanent address (If different from above)	<input type="text"/>
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Phone:	<input type="text"/>
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Mobile:	<input type="text"/>
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e-mail:	<input type="text"/>
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9.	Category (SC=1, ST=2, OBC=3, Gen=4)	<input type="text"/>
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10.	State of domicile	<input type="text"/>
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11.	MBBS Registration number (if applicable)	Date	Name of Medical Council

12. Academic Qualifications							
	Examination Passed	Institution	Subject/Specialty	Year	% Marks/Division	No. of Attempts	
A	Matriculation						
B	MBBS						

C	MD/MS/DNB*						MD/MS degree recognition status YES/NO
D	Others (Specify)						

13 Employment details						
S.L	Post Held	Institution	University	Duration		
				From	To	

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

Post Held	Duration		Reason for leaving
	From	To	

Declaration of Dependents

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

*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 Dr..... In

Dated.....

Signature & Seal of Head of Institution

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:

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