

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 22nd August, 2024

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 | 12 (OBC-03, UR-03, EWS-04, SC-2) | M.D./DNB(Radiodiagnosis) |

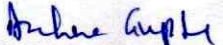
- Number of posts may be increased or decreased.
- Maximum age limit: 37 years as on date of Interview.
- Reservation as per rules.
- Pay & Allowances: Rs.67700-208700/- and other allowances as per institute rules.
- Candidates who have already completed three years senior residency may not be considered for the appointment. Interested candidates are required to appear for a walk-in-interview **on 22.08.2024 (Thursday) 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 : 22nd August, 2024 at 10.30 A.M.

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


(DR. ARCHANA GUPTA)
PROF. & HEAD



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

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

Paste a self-
signed
Passport-Size
Photograph

Do not staple

Details of Bank Draft

Signature of Candidate

| | | |
|----|----------------------|--|
| 1. | Department/Specialty | |
|----|----------------------|--|

| | | | |
|----|------------|-------------|---------|
| 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"/> |
|----|--------------------------|----------------------|---|----------------------|---|----------------------|-------------------------------|----------------------|

| | |
|----|-------------------------------------|
| 5. | Gender: Male / Female / Transgender |
|----|-------------------------------------|

| | | |
|----|--|--|
| 6. | Martial status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5) | |
|----|--|--|

| | |
|---------------------|--|
| 7. Mailing address: | |
|---------------------|--|

| | |
|--------|--|
| Phone: | |
|--------|--|

| | |
|---------|--|
| Mobile: | |
|---------|--|

| | |
|---------|--|
| e-mail: | |
|---------|--|

| | |
|--|--|
| 8. Permanent address (If different from above) | |
|--|--|

| | |
|--------|--|
| Phone: | |
|--------|--|

| | |
|---------|--|
| Mobile: | |
|---------|--|

| | |
|---------|--|
| e-mail: | |
|---------|--|

| | | |
|----|-------------------------------------|--|
| 9. | Category (SC=1, ST=2, OBC=3, Gen=4) | |
|----|-------------------------------------|--|

| | | |
|-----|-------------------|--|
| 10. | State of domicile | |
|-----|-------------------|--|

| | | | |
|-----|--|------|-------------------------|
| 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.