

**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW**  
**REGIONAL CANCER CENTRE, DEPARTMENT OF RADIOTHERAPY**

**Short term Appointment for Senior Resident (Hospital Services) through  
WALK-IN-INTERVIEW ON  
21<sup>st</sup> December, 2021**

Applications are invited for vacant posts of Senior Residents (Hospital Services) the Department of Radiotherapy for a short term appointment for a period of 89 days. The details are as under:


Sl. No.	Department	No. of Posts	Qualification
01.	Radiotherapy	01	M.D. or DNB (Radiotherapy). Degree must be recognized by the M.C.I.

- Number of posts may be increased or decreased.
- Maximum age limit 37 years as on date of interview.
- Pay and 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 21<sup>st</sup> December, 2021 (Tuesday) at 10:00 AM in the Department of Radiotherapy. The candidates must bring following documents for submission.
- 6. A Demand Draft of Rs.200/- in favour of "Director SGPGI Academic Account" payable at S.B.I., SGPGIMS Branch, Lucknow.
- 7. Four passport size photographs.
- 8. Curriculum Vitae.
- 9. Photocopies of all relevant certificate and testimonials.
- 10. Candidate should fill the prescribed form available in the site of Institute before the interview.

**Venue: Department of Radiotherapy (A-Block, Ground Floor, Main Hospital).**

**Date : 21<sup>st</sup> December, 2021 at 10:00 AM**

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

  
**(Dr. Shaleen Kumar)**  
**Professor and Head – Radiotherapy**





# 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			
----	----------------------	--	--	--

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.	Marital status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)	<input type="text"/>
----	--	----------------------

7. Mailing address:
<input type="text"/>

Phone:	<input type="text"/>
--------	----------------------

Mobile:	<input type="text"/>
---------	----------------------

e-mail:	<input type="text"/>
---------	----------------------

8. Permanent address (If different from above)
<input type="text"/>

Phone:	<input type="text"/>
--------	----------------------

Mobile:	<input type="text"/>
---------	----------------------

e-mail:	<input type="text"/>
---------	----------------------

9.	Category (SC=1, ST=2, OBC=3, Gen=4)	<input type="text"/>
----	-------------------------------------	----------------------

10.	State of domicile	<input type="text"/>
-----	-------------------	----------------------

11.	MBBS Registration number (if applicable)	Date	Name of Medical Council
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.