### Sanjay Gandhi Postgraduate Institute of Medical Sciences



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# ADVERTISEMENT FOR SHORT TERM APPOINTMENT TO THE POST OF JUNIOR RESIDENT (NON-ACADEMIC)

Applications are invited for Short term appointment of Junior Resident (Non Academic) for a period of 89 days or joining of the Senior Residents through regular section whichever is earlier, for Department of Hepatology including Transplant of the Institute through walk-in-interview.

No. of Posts: 02 (Against downgraded posts of Senior Residents).

<u>Date & Venue of walk-in interview:</u> 04<sup>th</sup> October, 2021 at 2.30 PM in Board Room(3<sup>rd</sup> Floor) Director Office.

<u>Pay:-</u> Level-10 of pay matrix with entry pay of Rs. 56,100/- per month plus allowances as per Institute rules.

#### **Eligibility Criteria:-**

- 1) The candidates should have passed MBBS (including completion of Internship) degree recognized by MCI.
- 2) Maximum age limit 30 years (Age relaxation as per rules).
- 3) MCI Registration is mandatory before joining, if selected.

#### **General Information:-**

- 1) This appointment will be for 89 days only and no extension of appointment will be granted.
- 2) The candidates who have already worked as Junior Resident (Non Academic) for one year would not be eligible for Interview.
- 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 posts advertised may be increased or decreased at the time of interview.
- 6) Candidates should download the form attached herewith & available on Institute website & submit duly filled up along with self certified copy of the documents on the scheduled date of walk-in-interview.

**Download the application form** available with this advertisement, fill it and bring along the following annexures at the time of interview.

- 1) A bank draft of Rs. 200/- (Rs. Two Hundred only) in favor of "Director, SGPGI, Academic Account" Payable at SBI, SGPGI Branch, Lucknow.
- 2) Four recent passport size photographs.
- 3) Xerox copies of all relevant certificates & testimonials AND originals for verification.

Director



## Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226014

# Application Form Walk-in interview for Ad-hoc short-term Junior Resident (Non Academic)

Paste a self signed Passport size Photograph

Do not staple

| Details of Bank Draft      |  |                  |                   |                         | Signature of Candidate |         |                        |  |
|----------------------------|--|------------------|-------------------|-------------------------|------------------------|---------|------------------------|--|
| 1                          | Department/Specialty                   |                  |                   |                         |                        |         |                        |  |
| 1.                         | Department/Specialty                   | /                |                   |                         |                        |         |                        |  |
| 2.                         | First Name                             | M                | iddle Name        |                         | Surnai                 | me      |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |
| 3.                         | Father's/Husband's                     | Name             |                   |                         |                        |         |                        |  |
|                            | Mother's Name                          |                  |                   |                         |                        |         |                        |  |
| 4.                         | Date of Birth (DD/M                    | M/YY)            | /                 | /                       |                        |         | s on date<br>blication |  |
| 5.                         | Gender: Male/ Femal                    | e/Transgender    |                   |                         |                        |         |                        |  |
| 6.                         | Martial Status (Single-                | -1 Married-2 V   | Widow-3 Divorced  | -4 Sena                 | rated-5                |         |                        |  |
| 0.                         | priartial Status (Single-              | -1, Married-2, V | widow=3, Divorced | <del>-4, вера</del>     | naicu=3                |         |                        |  |
| 7. Mai                     | ling Address                           |                  |                   | F                       | Phone:                 |         |                        |  |
|                            |  | Mobile:          |                   |                         |                        |         |                        |  |
|                            |  |                  |                   | 1                       |                        |         |                        |  |
|                            |  |                  |                   | I                       | E-mail:                |         |                        |  |
| 8 Perr                     | manent Address (If diffe               | erent from above | •)                | F                       | Phone:                 |         |                        |  |
| 0.1011                     | nanem radress (ir dire                 | orem mom doo ve  | •)                |                         |                        |         |                        |  |
|                            |  |                  |                   | N                       | Mobile:                |         |                        |  |
|                            |  |                  |                   | F                       | E-mail:                |         |                        |  |
|                            |  |                  |                   |                         | J IIIdii.              |         |                        |  |
| 9.                         | 9. Category (SC=1, ST=2, OBC=3, Gen=4) |                  |                   |                         |                        |         |                        |  |
| 10. State of Domicile      |  |                  |                   |                         |                        |         |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |
| 11.                        | 11. MBBS Registration Number Date      |                  |                   | Name of Medical Council |                        |         |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |
| 12. Academic Qualification |  |                  |                   |                         |                        |         |                        |  |
|                            | Examination Passed                     | Intuition        | Subject           | Year                    | % Marks/ D             | ivision | No. of Attempts        |  |
| A                          | Matriculation                          |                  |                   |                         |                        |         |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |
| В                          | MBBS                                   |                  |                   |                         |                        |         |                        |  |
|                            |  |                  |                   |                         |                        |         |                        |  |

| 13  | <b>Employment details</b> |             |            |          |    |  |
|-----|---------------------------|-------------|------------|----------|----|--|
| S.L | Post Held                 | Institution | University | Duration |    |  |
|     |                           |             |            | From     | То |  |
|     |                           |             |            |          |    |  |
|     |                           |             |            |          |    |  |
|     |                           |             |            |          |    |  |
|     |                           |             |            |          |    |  |

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<br>month)* |
|------|-----|-------------------------|-------------|------------------------|
|      |     |                         |             |                        |
|      |     |                         |             |                        |
|      |     |                         |             |                        |
|      |     |                         |             |                        |

<sup>\*</sup>with proof.

| If employed, get your applica | ation forwarded by the hea | d of the institution as | s under OR | attach a 'No |
|-------------------------------|----------------------------|-------------------------|------------|--------------|
| Objection Certificate':       |                            |                         |            |              |
| Certified that undersigned ha | s no objection in forwardi | ng the application of   | •          |              |
| Dr                            | In                         |                         |            |              |

| Doted |  |  |  |
|-------|--|--|--|
|       |  |  |  |

#### 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 mark sheet/degree or pass certificate & MCI registration proof.
  - c. Certificate/Proof of MBBS degree's recognition by MCI.
  - d. Caste certificate from competent authority within the last 6 month.