



Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow 226 014

FAX: 91-522-2668017, 2668129
Email: erexam@sgpgi.ac.in

Phones: 91 (522) 2494009
2494304

Addendum to the Advertisement No.Acad/17/70/I-06/2017-18

Vacancies of PDF in the Department of Cardiology,Gastroenterology,CVTS, Pediatric Surgical Superspecialties and Surgical Gastroenterology

With reference to the above noted advertisement, it is published for notice of all concerned that positions of Post Doctoral Fellow (PDF) are vacant in the above mentioned Departments of the Institute. The candidates must possess DM/MCh/DNB qualification in the respective specialty by the day of the Interview. Interview will be held on 4th September,2017 in the office of Head, Department concerned at 10.30 AM.

Interested aspirants are required to contact the Head, Department concerned and submit their applications on prescribed format and bank draft of Rs.1000/-in favor of Director, SGPGI (Academic A/C) payable at State Bank of India, SGPGIMS Branch on prescribed format annexed to this addendum.

(Dr.Shaleen Kumar)
Executive Registrar

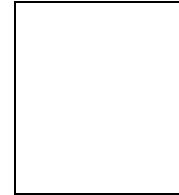


Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014
Entrance Examination for Admission to Post Doctoral Fellowship Program.

Advt. No: Acad/17/70/I-06/ER/2017-18

Registration No:

**Office Use Only
Screened By (Name)
Eligible / Not Eligible
Provisnal For



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Photo here

Detail of Transaction: Bank Draft No: Transaction Date :
Name of Issuing Bank:

Candidate's Name:*
Contact No.:
E-mail:
Remark:

Medical Council Registration Detail:*	Registration No.	Date	Name of Medical Council
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Nationality:
State of Domicile: *
Category: *
Date of Birth: *
Subject Detail: *

Sr.No	Speciality	Program	Code	Preferences
		PDF		

Father's/Husband's Name: *
Father's/Husband's Occupation: *
Marital Status: *
Gender: *
Sponsored Candidate: *
Mailing Address: *

Address: Line 1:
Line 2:
District:
State:
Pincode:

Permanent Address:
Address: Line 1:
Line 2:
District:
State:
Pincode:

Academic Qualification: **Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form**

Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Speciality
Matriculation					
MBBS					
MD/MS/DNB					
DM/MCh					

Employment Detail:

Post Held	Institution	University	Duration	
			From	To

Declaration of Dependents:

Name	Age	Relation with applicant	Occupation	Income/Month

Attachments:

Caste certificate (if applicable)	High School certificate/proof of date of birth certificate
Council Reg. Certificate (Medical)	Handicaped Certificates
Sponsorship Certificate	Any other relevant Certificates
No Objection Certificate if Employed	Proof of MCI recognised qualifying course
Post graduation degree/ pass certificate/certificate of appearing in MD/MS examination	

Declaraton

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 Candidate

Signature & Seal of Head of Institution