



Sanjay Gandhi Post Graduate Institute Of Medical Sciences

Raebareli Road, Lucknow-226014, U.P (INDIA)

EPBX No.: 0522-2494000/2495000/2668700/2668800/2668900

FAX: 0522-2668017/2668078

Fellowship in Biostatistics

Applications are invited for entrance test for admission to Fellowship program in Biostatistics under the Department of Biostatistics and Health Informatics, SGPGIMS, Lucknow as per following details:

Post	No. of Vacancies	Essential Qualification	Duration	Emoluments
Statistical Fellow	02	M.Stat/M.Sc. in Biostatistics/ Medical Statistics/ Applied Statistics/Statistics Or, MCA with Mathematics and Statistics at Graduate Level	Three Year	Rs.16000/- For 1st & 2nd year and Rs.18000/- 3rd year (Pre-revised)

The details of the fellowship are available at our website: www.sgpgi.ac.in/biostat/fellowship. Application on plain paper along with supporting documents should reach to **Head, Department of Biostatistics and Health Informatics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Rae Bareli Road, Lucknow, 226014, latest by 10th Jan, 2019** by speed post only. Eligible candidates will be called for written test and interview. CSIR-UGC JRF/NET, UGC-NET, ICMR-JRF and GATE qualified candidates will be exempted from the written test. The department has PhD program in Biostatistics, candidates who fulfill the essential requirements and are interested, may be considered for admission to PhD program. No. TA/DA will be paid for appearing in Exam/Interview.

ADVT No. R-31//2018-19

DIRECTOR



आत्मना सर्गो जितः

**Sanjay Gandhi Postgraduate Institute of Medical Sciences,
Raebareli Road, Lucknow-226014, India
Department of Biostatistics and Health Informatics
Application Form for Fellowship In Biostatistics**

1. Name:
2. Father's Name:.....
3. Address:
 - a) Correspondence:.....
.....
 - b) Permanent:.....
.....
4. Telephone/Mobile:
5. E-mail ID:
6. Date of Birth:/...../.....
7. Nationality:.....
8. Education Qualification

S. No	Degree	Board/Institute/ University	Year	% of Mark	Subject

9. Fellowship

S. No	Name of Fellowship	Sponsored Agency	Year	Score	Subject

10. Additional information, if any, which you would like to mention in support of your suitability for the fellowship (Attach separate sheet, if necessary).

11. **Declaration:** I, the undersigned, certify that to the best of my knowledge and belief, my personal details and qualifications details are correct. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

(Signature of candidate)

Place:

Date:

List of Attachments: (In support of S. No 6, 8 and 9)

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