

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Applications are invited for **Short term temporary appointment** for a period of **89 days or less** for **Senior Resident (Hospital Services) / Sr. Demonstrators / Medical Physics Residents**, in various departments of SGPGI through an Ad-Hoc selection process (walk-in-interview)

Interview can be held on any working day, throughout the year if a seat is available in that department.

To know if a seat is available, call up the office of the respective academic department (*vide infra*) 10:30 AM to 4PM, Mon-Fri; 10:30AM to 12:00 Noon Sat, to enquire about number of vacancies.

SNo	Department	Qualification - MD / MS. Degree must be from an MCI recognised Program	Telephone nos Prefix 0522-
1	Anaesthesia	Anaesthesia	2494497
2	Cardiothoracic & vascular surgery	General Surgery	2494200
3	Clinical Hematology	Internal Medicine, Paediatrics	2494291
4	Critical care medicine	Anaesthesia, Pulmonary medicine, Internal Medicine, Emergency medicine	2494540
5	Emergency Medicine	Anaesthesiology / Internal Medicine / Orthopedics / General Surgery/ Emergency Medicine	2494497
6	Endocrinology	Medicine	2494366
7	Hospital Administration	Hospital Administration, MHA, Health Administration, Community Health	2494062
8	Lab Hematology	Pathology	2494240
9	Maternal and reproductive health	Obs & Gynecology	2495640
10	Medical Genetics	Internal Medicine, Paediatrics, Obs and Gyn	2494334
11	Microbiology	Microbiology	2494261
12	Molecular Medicine-Demonstrator Molecular Medicine-Senior Resident	MSc (Life Sciences) plus PhD Physiology or Medicine	2495641
13	Neonatology	Paediatrics	2495750
14	Neurosurgery Neuro-otology	General Surgery ENT	2494741 2494526
15	Nuclear Medicine	Nuclear Medicine	2494610
16	Ophthalmology	Ophthalmology	2494311
17	Paediatric Surg Superspp	General Surgery	2495621
18	Pathology	Pathology	2494240
19	Plastic surgery	General Surgery	2495608
20	Pulmonary Medicine	Pulmonary Medicine, Internal Medicine	2494479
21	Radio-diagnosis	Radio-diagnosis	2494560
22	Radiotherapy	Radiotherapy	2494447
22	Radiotherapy - Medical Physics Resident	M.Sc in Medical Physics / M.Sc in Physics from a recognised University with Post Graduate Diploma in Radiological Physics from BARC, Mumbai or equivalent qualification recommended by AERB, Mumbai.	2494447
23	Surgical Gastro / Liver Tx unit	General Surgery	2494425
24	Transfusion Medicine	Transfusion Medicine, Pathology	2495341
25	Urology	General Surgery	2494110

General information

- Subject to a vacancy available, a maximum of 2 terms of 89 days is permissible to a selected person. The adhoc vacancy is advertised for a regular position in the next semiannual All India Entrance Exam held in June/December
- Maximum age limit 33 yrs as on date of Interview. (Age relaxation to a maximum of 5 years may be given to SC/ST/OBC candidates having domicile of Uttar Pradesh, to widowed / divorced / legally-separated women who have not re-married, and to disabled/handicapped persons, as per Government rules)
- For SR (HS) pay & allowances: Rs. 18,750/- pm plus Grade Pay Rs. 6,600/- as per Institute rules.
- Interested candidates are required to appear for a walk-in-interview at 9:30 A.M. in the respective departments
- No TA/DA will be given for attending interview
- Director reserves the absolute discretion to cancel the advertisement in part or whole, without assigning any reason

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

- A bank draft of Rs. 200/- (Rs. Two hundred only) in favor of "Director, SGPGI, Academic Account" Payable at SBI, SGPGI Branch, Lucknow.
- Six recent passport size photograph
- Xerox copies of all relevant certificates and testimonials **AND** originals for verification

Optional: If you are selected, you will need to fill in the other forms provided with this advertisement that are required at the time of joining which, you may like to download in advance, print off each form back to back if it is more than 1 page and fill them.



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	
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2.	First Name	Middle Name	Surname

3.	Father's/Husband's Name	
	Mothers 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"/>
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5.	Gender: Male / Female / Transgender
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6.	Marital Status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)	
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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)	
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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. Whether you have worked in SGPGI earlier. If yes, please provide the following details:-
Employment details:-

Post Held	Duration		Reason for leaving
	From	To	

Declaration of Dependents

Name	Age	Relation with applicant	Occupation*	Income (P.M.)*

*with proof.

If employed, get your application forwarded by the head of the institution as under OR provide 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 from:

1. Bank draft of Rs 200/- in favor of Director, SGPGIMS, Academic account, payable at Lucknow
2. Self certified copy of Matriculation certificate/Age Proof or any authentic age proof certificate.
3. MBBS/MD/MS/DNB mark sheet/degree or pass certificate & MCI registration proof.
4. Certificate/Proof of MD/MS degree's recognition by MCI to be attached with application from.
5. Caste Certificate from competent authority within the last 6 months.



Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow 226014, India

Phones: +91 522 249 4537, 5511,
4011, 4009

Information regarding joining procedures and formalities for Short-term (Ad-hoc) appointment for Senior Resident (Hospital Services) / Medical Physics Resident / Demonstrators

Welcome to SGPGI. Please download and read this document carefully. Each annexure should be printed back to back (i.e. use both sides of a paper) and then you need to fill out relevant portions. At the time of joining the administration will need to sight all original documents AND also bring along photocopies and at least 6 photos.

Description	Annex No	Instructions
Following forms need to be submitted at the time of joining:		
Marital declaration form	1	Fill these, & have
Character certificate from two authorized persons	2	Annex 2 attested from
Attestation form with identity certificate	3	your usual place of stay
Home town declaration certificate	4	/ most recent employer
After your documents have been verified, these need to be filled		
Medical Examination form	5	Familiarise yourself
Joining report form	6	with these forms as this
Hostel accommodation form	7	will be required of you
The following documents are filled after joining		
Medical facility and declaration of dependents	9	Familiarise yourself and
Library form	10	fill out relevant portions
Email / HIS form	11	in advance
Identity card form	12	
Wi-Fi form	13	
Bank account opening at SBI, SGPGI, so that an employee code is generated and your salary is paid		Originals and copies of PAN card, Aadhaar card, photos
A form will be provided		

If you are selected for a short-term appointment 89 days or less, you will be receive a signed letter of offer by email / post and will require to come to the 2nd floor of the Administrative block (10AM to 4PM) and meet Mr. A.K. Raghav, Assistant Administrative Officer, Resident Section, (Tel 0522-249 5511). He or others will debrief you and help out with forms if required.

For medical examinations, it is best you start early in the day (say by 10 AM) as you will need to go to the departments of Pathology, Radiology and Ophthalmology in the Main Hospital building and thereafter to the General Hospital for Physician, Surgeon and Gynecologist assessment as relevant. When all tests and assessments are over, the Medical Superintendent (Chairman, Medical Board), who sits in the office of the Med Suptd, adjacent to the atrium of the old OPD block will need to finally approve medical fitness.

After clearance from the Medical Board please report back to Mr Raghav at the Administrative block who will then authorize and once your joining is accepted in the administrative block you will be asked to report to the Head of the concerned department along with the joining report and once signed by the HOD concerned, it needs to be submitted for records in the administrative block.

We hope you have a pleasant and fruitful stay at SGPGI.

MARITAL DECLARATION

(Tick relevant portion and strike out portions not applicable)

I, Dr. _____ declare as under:-

- (i) That I am Bachelor/ Widower /Married/Divorced.
- (ii) That I am married & have only one husband/wife living /that I am married to a person who has no other wife living.
- (iii) That I am married & have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stated below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living or having married to a person having more than one wife living.

I Solemnly affirm that the above declaration is true & I understand that in even of the declaration being found to be incorrect after my appointment I shall be liable to be dismissed from service.

Signature_____

Dated_____

This certificate needs to be issued / signed by two separate officers

CERTIFICATE OF CHARACTER

Certified that I have know Dr.....Son/daughter of Shri.....for the last.....years..... months & that the best of my knowledge & belief he/she bears reputed character & has no antecedents which render him unsuitable for employment in this Institute.

Dr.....is not related to me.

Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

CERTIFICATE OF CHARACTER

Certified that I have know Dr.....Son/daughter of Shri.....for the last.....years..... months & that the best of my knowledge & belief he/she bears reputed character & has no antecedents which render him unsuitable for employment in this Institute.

Dr.....is not related to me.

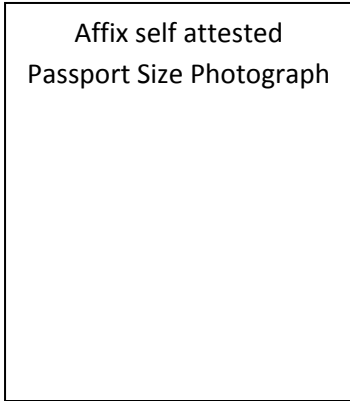
Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

Attestation Form

Warning: The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Govt.



1. If detained, convicted, debarred etc, subsequent to the completion and submission of this form, the details should be communicated immediately to the Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow or the authority to whom the attested form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of factual information.
2. If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person his services would be liable to be terminated.

1. Name in full (in block capitals) with aliases, if any (please indicate if you have added or dropped in any stage any part of your name or surname)	Surname	
2. Present Address in full (i.e. Village Thana & District or House Number, Lane/Street/Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana & District or house Number, Lane/Street/Road & Town & name of District Headquarters)		

3. (b) If originally a resident of Pakistan, the address in that country & the date of migration to Indian Union.

4. Particulars of places (with periods, of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) Particular or all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. Village Thana & Distt. or House no. Lane/Street, Road & Town)	Name of the Distt. Headquarter of the place mentioned in the Proceeding Co.
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S.No	Name	Nationality by birth &/or by domicile	Place of Birth	Occupation (if employed gives design & Official Address)	Present Postal Address (if deal give last Address)	Permanent Home Address
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1) Father

2) Mother

3) Wife/Husband

4) Brother(S)

5) Sister(S)

Contd.....3

5. (a) Information to be furnished with regard to son(s) in case they are studying/living in a foreign country.

Name	Nationality by birth or domicile	Place of birth	Country in which studying/ living with full address	Date from which studying/living in the country mentioning previous column
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6. Nationality

7. (a) Date of Birth (a)

(b) Present Age (b)

8. (a) Place of birth District & state in which situated (a)

(b) District & state to which you belong (b)

(c) District & state to which your father originally belong (c)

9 (a) Your Religion

(b) Are you a member of a Scheduled Caste/ Scheduled Tribe? Answer Yes or No & if the answer is Yes state the name thereof

10. Educational Qualification showing places of education with years in Schools & Colleges since 15 year of Age

Name of School/ College with full	Date of entering	Date of leaving	Examination passed
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11. (a) Are you holding or have anytime held an appointment under the Central or State Govt. or Semi- Govt. or a Quasi-Govt., or an autonomous body, or a public undertaking or a private firm or Institution/if so, give full particulars with dates of employment, up-to date.

Period From	To	Designation, employments & nature of Employment	Full name & Address of employer	Reasons for leaving previous service.
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11. (b) If the previous employment was under the Govt. of India or State Govt./an undertaking owned or controlled by the Govt. of India or a State Govt./ an autonomous body/University Local Body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rule, 1965, or any similar corresponding rules were any disciplinary processing framed against you, or has you been called upon to explain you conduct in any matter at the time you gave notice of termination of services) or at a subsequent date, before your service actually terminated?

- | | | |
|------------|--|--------|
| 12 (i) (a) | Have you ever been arrested? | Yes/No |
| (b) | Have you ever been prosecuted? | Yes/No |
| (c) | Have you ever been kept under detention? | Yes/No |
| (d) | Have you ever been bund down? | Yes/No |
| (e) | Have you ever been fined by a Court of Law? | Yes/No |
| (f) | Have you ever convicted by Court of Law for any offence? | Yes/No |
| (g) | Have you ever been debarred from & examination or rusticated by any university? | Yes/No |
| (h) | Have you ever been debarred/ disqualified by any Public Service Commission from appearing at its examination/selection? | Yes/No |
| (i) | Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? | Yes/No |
| (j) | Is any case pending against you in any University or any other educational authority/Institution at the time of filling up this Attestation Form? | Yes/No |
| 12 (ii) | If the answer to any of the above mentioned questions is "Yes" give full particular of the case/arrest/detention/fine conviction/sentence/punishment etc. and/or the nature of the case pending in the Court University/Educational Authority etc., at the time of filling up this form. | |
| Note: (i) | Please also see the "warning" at the top of this Attestation Form. | |
| (ii) | Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be. | |

13. Name, complete address & Phone no. of two responsible persons of your locality or two references to whom you are know

1.

2.

I certify that the foregoing information is correct & complete to the best of my knowledge & belief. I am not aware of any circumstances which impair my fitness for employment under government.

Name of Candidate_____

Signature of candidate_____

Date_____

Place_____

Contd.....6

IDENTITY CERTIFICATES

(Certified of be signed by one of the following)

- (i) Gazetted Officers of Central or State Government:
- (ii) Members of Parliament of State legislature belonging to the constituency where the candidate or his parent/guardian is ordinary resident:
- (iii) Sub-Divisional Magistrates/Officers:
- (iv) Teshildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
- (v) Principal/Head-Master of the recognized School/College/Institute where the candidate studied last:
- (vi) Block Development Officer:
- (vii) Post-Masters:
- (viii) Panchayat Inspector:

Certified that I have known Shri/Smt./Kumari/Dr.....
 son/daughter/wife of Shri.....for the last.....
 years..... months & that to the best of my knowledge & belief the particulars
 furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status & address

TO BE FILLED BY THE OFFICE

- (I) Name, designation & full address of the appointing authority.
- (II) Post for which the candidate is being considered.

**SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES
HOME TOWN DECLARATION FORM**

DEPARTMENT.....

DATED THE.....

I.....employed as Senior Resident in the
Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow in the Department/
Section hereby declare.....Distt
.....nearest Railway Station.....

COUNTER SIGNED

SIGNATURE OF THE CANDIDATE

SIGNATURE.....

.....

DESIGNATION.....

DESIGNATION

MEDICAL EXAMINATION FORM
for the purpose of joining
Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Declaration by the candidate

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as by hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority before.

I declare that I have been suffering from-----
 for the last-----years.

(If not suffering from any illness, state 'no illness'. This portion can not be left blank. Suppression of information about past illness will invite suitable disciplinary action)

Dated _____ Name _____ Signature _____

Designation _____

MEDICAL EXAMINATION

Height -----cm. Weight-----kg.

Apparent age-----Yrs. B.P.----- Pulse-----

JVP----- Edema feet----- Varicose Veins-----

CVS----- Chest----- CNS-----

Abd:----- Lungs -----Hernia / Hydrocoele-----

Genitalia-----

Gynaecological assessment:

Married /unmarried: Children-----LMP-----

P/A -----P/V-----

Ophthalmic assessment:**Without Glasses****With Glasses**

Acuity of vision L -----

R-----

Colour Vision L-----

R-----

Investigations:

Alb ----- Urine Examination : Sugar ----- M/E-----

Chest X –Ray PA -----

Names and signatures:

Physician _____ Gynecologist _____

Surgeon _____ Radiologist _____

Pathologist _____ Ophthalmologist _____

Chairperson Medical Board _____

Check list: Cross out (X), those not present and tick (✓) those present

History of

- 1. Prolonged fever
- 2. Cough/prolonged expectoration
- 3. Chest pain
- 4. Hemoptysis (Blood in cough)
- 5. Jaundice
- 6. Breathlessness
- 7. Swelling over body
- 8. Blood in vomit or stools
- 9. Unusually irregular periods
- 10. Mental illness
- 11. Previous operations or accidents
- 12. Previous hospitalization & reasons
- 13. Allergies
- 14. Unconsciousness -focal or general seizures
- 15. Hypertension
- 16. Tuberculosis
- 17. Heart disease
- 18. Diabetes.
- 19. Bronchial asthma / COPD
- 20. Skin eruptions

Any others, not included in this list _____

Family history:

Diabetes ----- Hypertension -----
 Tuberculosis ----- Heart Disease -----
 Any other (specify) -----

MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES

I do hereby certify that the members of the Medical Board of Sanjay Gandhi Post Graduate Institute of medical Sciences, have examined to Sri/Smt/Km _____ as a candidate for employment / training / confirmation in the department of _____ as _____ and have not discovered that he /she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____

Name or nature of illness / infirmity / disability:

I consider the person FIT / UNFIT for employment/confirmation in the department of _____ as _____. The candidate's age according to his / her statement is _____ years and by appearance _____ years.

(Signature of candidate)

Chairman, Medical Board

Attested by:

Date -----

SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, Raebareli Road, Lucknow –226014

Application For Hostel Accommodation

- 1. Name: Age: Gender:
- 2. Department
- 3. Designation
- 4. Marital status
- 5. Date of joining
- 6. Duration of course/project
- 7. Date of tenure end
- 8. Complete permanent address with telephone nos

Affix recent Photo (passport size) duly attested by HOD (Signature with seal)

9. Complete address of local guardian with telephone no

10. Person name with telephone no. To be contacted in emergency:

11. Self mobile no./land line no.

Igive the undertaking that I would abide by the P. G. Hostel rules and any instructions given by warden/ provost.

HOD (SIGNATURE WITH SEAL)

APPLICANTS SIGNATURE

(REMARK OF PROVOST)



SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES
Raebareli Road Lucknow -226014

Phone: (0522) 2495511,
2494304, 2494011

CERTIFICATE

(TO BE SUBMITTED IN DUPLICATE)

This is to certify that the following documents of Dr. _____
S/o, W/o, D/o _____ have been received by the
Institute in original as he/she has decided to pursue DM/M.Ch course in the specialty of
_____ at the Sanjay Gandhi Postgraduate Institute of Medical
Sciences, Lucknow for the session commencing from July 2015.

1. High School/Date of Birth certificate
2. M.B.B.S. Degree
3. MD/MS Degree
4. Medical Registration

Signature of Candidate

Executive Registrar

UNDERTAKING

(TO BE SUBMITTED IN DUPLICATE)

I, Dr. _____ understand that my original certificates will be
retained by the SGPGIMS, Lucknow and the same will not be returned before
completion of DM/M.Ch in the specialty of _____ unless I, Dr.
_____ pay to the SGPGIMS, Lucknow Rs. 5,00,000/-
(Rs. Five Lac only) irrespective of the fact whether I continue the course or not.

Roll No. _____

Permanent Address: _____

Signature of candidate

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow
Application for Declaration of Dependents for staff and dependents registration

Employee ID no.																			
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Joining: _____

Details of Employee

Name of Employee			DOB (DD/MM/YY)	Sex (M/F)	Deptt. Name	Designation	Telephone no.	Bank A/c no.	Old/new CR No.
First Name	Middle Name	Last Name							

Details of Dependents

S. No	Name	Age/DOB (DD/MM/YY)	Sex (M/F)	Relation with Employee	Profession if employed or retire with Name & Add. of Deptt.	Whether Medical Facility being provided by employer	Basic pension per month w.e.f. 1/1/96	Total income from all sources	Old/new CR no.

I hereby certify that the above mentioned family members are fully dependent upon me as per above mentioned details. I also certify that the entries in the form have been made by me are correct. I hereby give the undertaking that if any of the entries in the form are found to be incorrect or false at any time I shall be fully responsible for the same and suitable disciplinary action may be taken against me including recovery of amount spent on treatment of any of my dependent.

Signature of Employee

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Central Library

MEMBERSHIP FORM

2015

Category (Pl. Tick)

Faculty SR DM SR MCH SR H S J R PH D Student

Project Fellow EMO Officer Staff Student

Pool Officer

Name (Surname: In Block letter)

Middle Name

Forename

Dept..... Designation..... Ad hock/Permanent.....

Address (Present)

Address (Permanent)

Phone/Mobile..... E-mail ID.....

HOD Signature with Seal

Applicant's Signature

For Extramural Project Fellows/Ph.D. Fellows/Pool Officer/Students

The undersigned take the responsibility for the no dues of this applicant. In case he/she leaves the Institute without returning the books/journals, I undertake to replace the borrowed books/journals

Principal Investigator
(Extramural Project)

A.O. (Research Cell)
(Intramural Project)

Principal/Course Coordinator

For Office Use Only

Membership No.....

Card Issued on.....

Librarian's Signature

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Registration Form for E-mail and Hospital Information System (HIS)

Section 1: Application

Name _____	Date _____
Designation _____	Valid till _____
Department _____	Phone (Off) _____
Preferred Username _____ (max. 8 alphabets, all lowercase)	Phone (Res) _____
Date of Birth _____	Employee ID _____

I undertake to use the Hospital Information System only for my assigned official duties and to maintain the confidentiality of the patient data in the system. I shall keep my password secret and shall be responsible for all activities performed using my username and password.

_____ **Applicant's Signature**

IMPORTANT INFORMATION FOR ALL APPLICANTS

Please note that for every activity on the HIS, the computer records the username and password of the person performing it. Your password is like your electronic signature. You are therefore advised to change your initial password immediately after it is assigned to you and frequently thereafter. You **MUST NOT** reveal your password to anyone at any time. In case you suspect that someone may have come to know your password, change it immediately. The password should preferably be 6-10 characters long and consist of a mixture of alphabetical and numeric characters. You are advised not to use your name, initials, date of birth, family members' names, etc. as password since these can be easily guessed. If you have any queries or have forgotten your password, please contact the system administrator.

Section 2: Authorization

<input type="checkbox"/> HIS Facility Functions/areas in various Modules etc. <input type="checkbox"/> Billing Nodal <input type="checkbox"/> Billing Clerk <input type="checkbox"/> HRF Clerk <input type="checkbox"/> HRF Nodal/Supervisor <input type="checkbox"/> HRF Unit <input type="checkbox"/> HRF Misc <input type="checkbox"/> OPD/Bay Clerk <input type="checkbox"/> Registration Clerk/Supervisor/PRO	<input type="checkbox"/> E-mail facility <input type="checkbox"/> Resident <input type="checkbox"/> Consultant <input type="checkbox"/> Lab Technician <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Hospital Administration <input type="checkbox"/> Stationary <input type="checkbox"/> OT Staff <input type="checkbox"/> CSSD/Dietary Staff
---	--

_____ **HOD**

Section 3: Username assignment

Username assigned (HIS) _____ Logon name for E-mail _____

I have understood the method to change my password and have changed my originally assigned password.

_____ **Applicant's Signature**

_____ **System Administrator's Signature**

Proforma for Identity Card

(Must be filled in Block letters)

**MIU
SGPGIMS****Employee ID No.** _____**Card No.** _____

(for office use only)

Valid from _____ to _____

Name _____

Designation _____

Department _____

Blood Group _____

Pay Scale* _____

Intercom No. _____

Previous Card No. _____

(in case of loss)

Permanent Address & _____

Telephone No. _____

Name & Address of the _____

Person to be intimated _____

In case of emergency/Local Address & _____

Telephone No.

Photo

35 mm X 45 mm

Signature of Applicant**Verification by****Recommendation by HOD****Establishment
(Main Administration)****Establishment
(Hospital Administration)****Academic Section
(Executive Registrar Office/SRO)**