



SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, RAEBARLI ROAD, LUCKNOW-226014 (U.P.)

**TELEPHONE: 2668004-8, 2668700, 2668800, 2668900
0522-2494304, 2495554**

Advertisement No. I-43/ER/ATC/2017-18

Adhoc posts for Senior Residents (Hospital Services) at Apex Trauma Centre

Adhoc positions for Senior Resident (Hospital Services) in various specialties for the Apex Trauma Centre are available. The details can be seen at Institute's website www.sggpi.ac.in under Recruitment tab. Interested aspirants are required to submit their applications along with the relevant documents on prescribed format and bank draft of Rs. 200/- in favor of Director, SGPGI (Academic A/C) payable at State Bank of India, SGPGIMS Branch.

The candidates already applied in response to advt. No. I-31/ER/ATC/2017-18 need not to apply again as their application will be considered in case they are eligible.

EXECUTIVE REGISTRAR

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)**, in Apex Trauma Centre 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 the Trauma Centre.

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

Posts available at the APEX TRAUMA CENTRE			
SNo	Specialty	Qualification - MD / MS. Degree must be from an MCI /DCI recognized Program	Mobile numbers
1	Anaesthesiology	Anaesthesia	Mr.A.K. Raghav 8765985985
2	Cardio Thoracic Surgery	General Surgery	
3	Cardiology	General Medicine / Internal Medicine / Paediatrics	Dr. Ravishankar 8004221416
4	Critical Care Medicine	Anaesthesia, Pulmonary medicine, Internal Medicine, Emergency medicine	
5	Dental Surgery (Oral & Maxillofacial)	Oral and maxillofacial surgery	Email: atcsgpgi@gmail.com
6	Emergency Medicine	Anaesthesiology / Internal Medicine / Orthopedics / General Surgery/ Emergency Medicine	
7	ENT	ENT	Office: Neurosurgery Office 1st floor C Block SGPGIMS
8	Forensic Medicine	Forensic Medicine	
9	Lab Medicine (Biochemistry): Clinical Pathology	Pathology	
10	Lab Medicine (Biochemistry): Microbiology/Lab Medicine	Clinical Chemistry / Laboratory medicine / Biochemistry	
11	Nephrology	General Medicine / Internal Medicine / Paediatrics	
12	Neurosurgery	General Surgery	
13	Obst. & Gynecology	Obs & Gynaecology	
14	Ophthalmology	Ophthalmology	
15	Orthopaedics	Orthopaedics	
16	Pediatric Surgery	General Surgery	
17	Physical Medicine & Rehabilitation	M.D.(P.M.R) /M.D.(Medicine) with Diploma in PMR / M.S. (General Surgery) / M.S.(Orthopaedics)	
18	Plastic Surgery	General Surgery	
19	Psychiatry	Psychiatry	
20	Radio-Diagnosis	Radiodiagnosis	
21	Transfusion Medicine	Pathology / Transfusion Medicine	
22	Trauma Surgery	General Surgery	
22	Urology	General Surgery	
23	Hospital Administration	Hospital Administration	

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)
- Pay & allowances: Rs. 18,750/- pm plus Grade Pay Rs. 6,600/- as per Institute rules.
- Interested candidates are required contact the office of Trauma Centre for any further queries.
- 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.



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	
	Mother's Name	

4.	Date of Birth (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <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)	<input type="text"/>
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7. Mailing address:
<input type="text"/>

Phone:

Mobile:

e-mail:

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

Phone:

Mobile:

e-mail:

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

(Please Note: All the Annexures and other following documents are to be submitted at the time of Joining. Please do not send them with Application)

MARITAL DECLARATION

Annexure 1

(Please tick the relevant portion and strike out the portions not applicable)

I, Dr..... declare as under:

- (i) That I am Bachelor/ Widower /Married/Divorced.
- (ii) That I am married and 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.
- (iv) That I am married to a person who has another wife living.

In case of (iii) or (iv) above:

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 the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature

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

CERTIFICATE OF CHARACTER

Certified that I have known Dr.....son/daughter of Shri.....for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

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 known Dr.....son/daughter of Shri.....for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

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

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

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

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

Attestation Form

Warning: Furnishing of false information or suppression of any factual information in this form would be a disqualification and is likely to render the candidate unfit for any future employment under the Govt.

Affix self-attested Passport Size Photograph	<ol style="list-style-type: none"> 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 Postgraduate 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.
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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	First name
2. Present Address in full (i.e. Village/Thana/District or House Number, Lane/Street/ Road and Town, with PIN).		
3. a. Permanent Home Address (i.e. Village/Thana/District or house Number, Lane/Street/Road & Town with PIN)		
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) 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	Address in full	Name of district headquarters

Details of family members

Relation	Name	Nationality	Place of birth	Occupation	Present address	Permanent address
Father						
Mother						
Wife/ husband						
Siblings						

5. Details of children (including those studying/living in a foreign country).

Name	Nationality	Place of birth	Occupation	Present address

Personal details

6. Nationality	
7. Date of birth Current age (years)	

8. Place of birth with district and state District and state to which you belong District and state to which your father belongs	a. b. c.
9. Your religion Are you a member of SC/ ST . OBC: No / Yes, SC / Yes, ST / Yes, OBC If yes, name of SC, ST or OBC	a. b. c.

10. Educational Qualifications showing places of education with since 15 years of age

Full name of school/ college	From ... to	Examination(s) passed

11. Have you at any time held an appointment under the Central or State Govt. or Semi- Govt. or a Quasi-Govt., or an autonomous body, university, or a public undertaking or a private firm or Institution/if so, give full particulars with dates of employment, up-to date

From: to	Designation, and nature of employment	Name & address of the employer	Reason for leaving the previous service

If the previous employment was under the Government of India, a state government, an undertaking owned or controlled by such governments, an autonomous body, a university or a local body, did you leave service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rule, 1965, or any similar corresponding rules. Yes / No

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? Yes / No

If yes, give details:

12. (a) Have you ever been arrested?	Y/N
(b) Have you ever been prosecuted?	Y/N
(c) Have you ever been kept under detention?	Y/N
(d) Have you ever been bound down?	Y/N
(e) Have you ever been fined by a Court of Law?	Y/N
(f) Have you ever convicted by Court of Law for any offence?	Y/N
(g) Have you ever been debarred from examination or rusticated by any university?	Y/N
(h) Have you ever been debarred/ disqualified by any Public Service Commission from appearing at its examination/selection?	Y/N
(i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form?	Y/N
(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?	Y/N

Please see the "warning" at the top of this Attestation Form Each question must be specifically answered by striking out 'Yes' or 'No'. If the answer to any of the questions is 'Yes', give full particular of case/ arrest/ detention/ fine/ conviction/sentence/punishment etc. and/or the nature of case pending in the Court University/Educational Authority etc., at the time of filling up this form.

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

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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	Signature
Date	Place

IDENTITY CERTIFICATE

(To 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
and that, to the best of my knowledge and belief, the particulars furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status & address

TO BE FILLED BY THE OFFICE

1. Name, designation & full address of the appointing authority.
2. Post for which the candidate is being considered.

Sanjay Gandhi Postgraduate Institute of Medical Sciences
HOME TOWN DECLARATION

DATED

I, employed as Senior Resident
in Department of, **Sanjay
Gandhi Postgraduate Institute of Medical Sciences, Lucknow** hereby declare that my home
town is, District
The railway station nearest to it is

Signatures

**MEDICAL EXAMINATION FORM for joining
Sanjay Gandhi Postgraduate 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 hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority in the past.

OR

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)*

Name _____

Signature _____

Designation _____

Dated _____

MEDICAL EXAMINATION

Height (cm)	Weight (Kg)	
Apparent age (years)	Pulse (/min)	BP (mmHg)
JVP	Edema feet	Varicose veins
CVS	Chest	CNS
Abd	Genitalia	Hernia/hydrocele

Gynaecological assessment:	Married /unmarried	Children
LMP	P/A	P/V

Ophthalmic assessment:	Without Glasses	With Glasses
Acuity of vision	L	L
	R	R
Colour vision	L	L
	R	R

Investigations:

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

(Signature of candidate)

Chairman, Medical Board

Attested by:

Date



Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road
Lucknow 226014, India
Phone: +91 522 249 5511

Joining Report (To be filled in Duplicate)

With reference to appointment/admission letter no. PGI/ER/ACAD/...../20.....
dated, I accept the terms & conditions of offer and join as a Senior / Junior
Resident (HS / PDCC / DM / MCh) in..... Department in Forenoon/ Afternoon of
.....along with the following self-certified documents:

- | No. | Document | To be filled by office | | |
|-----|---|------------------------|----|----|
| | | Yes | No | NA |
| 1. | Certificate of age proof. | | | |
| 2. | MBBS degree | | | |
| 3. | MD/MS degree | | | |
| 4. | Proof of recognition of MD/MS degree from Medical Council of India | | | |
| 5. | Proof of registration of MD/MS degree with MCI or state medical council | | | |
| 6. | Certificate of fitness from the Medical Board of the Institute | | | |
| 7. | Fee deposit Receipt: No..... Date.....Rs..... | | | |
| 8. | Declaration | | | |
| 9. | Character certificates from two persons | | | |
| 10. | Marital certificate | | | |
| 11. | Declaration of dependents | | | |
| 12. | Identification proof (PAN card, driving licence, aadhar card or passport) | | | |
| 13. | Original admit card of entrance examination | | | |
| 14. | Six passport size photographs | | | |
| 15. | Hostel allotment form | | | |
| 16. | Caste certificate, if applicable | | | |
| 17. | Original NOC from previous employer, if previously employed | | | |
| 18. | Relieving certificate from the last employer | | | |
| 19. | Migration certif (original, no. (for MD/DM/MCh/PDCC/ PDF) | | | |

He/she should report for duty to Head of the Department immediately on _____ (FN / AN).

Signature of the student with date

(Executive Registrar)

Signature of HOD with date

After HOD's signatures, the form will be returned to the Academic Section.

Copy to following for information and necessary action:

1. Provost SGPGI (To report with the hostel allotment forms)
2. Personal file

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

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. Name of person(s) to be contacted in emergency, with telephone no.: _____
11. Own mobile number and land line no. _____
12. Email ID _____

I,, undertake to abide by the hostel rules and any instructions given by warden/ provost.

Applicant's signature

HOD's signature and seal

(Remarks of Provost)

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

Employee ID																			
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Joining:

Details of Employee

Name			DOB (DD/MM/YY)	Sex (M/F)	Department	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) and sex (M/F)	Relation with employee	Profession if employed or name & address of department, if retired.	Whether medical facility 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 2016**

Category (Pl. Tick)

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

Project Fellow EMO Officer Staff Student

Pool Officer PDCC

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

HIS Facility E-mail 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"/> 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
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_____ **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**

Date of Joining: _____

Term upto: _____

Proforma for Identity Card

(Must be filled in Block letters)

Employee ID No. _____

**MIU
SGPGIMS**

Card No. _____

(for office use only)

Valid from _____ to _____

Name _____

Designation _____

Pay Scale* _____

Department _____

Intercom No. _____

Blood Group _____

Previous Card No. _____

(in case of loss)

Permanent Address & _____

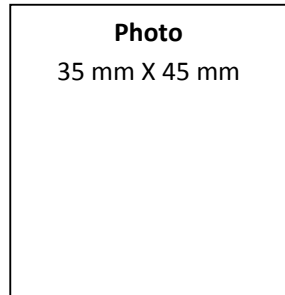
Telephone No. _____

Name & Address of the _____

Person to be intimated _____

In case of emergency/Local Address & _____

Telephone No.



Signature of Applicant

Verification by

Recommendation by HOD

**Establishment
(Main Administration)**

**Establishment
(Hospital Administration)**

**Academic Section
(Executive Registrar Office/SRO)**

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Application Format for Activation of Wi-Fi Connection

(Senior Residents/Students residing in MRA and Hostel areas)

Name of Resident: _____ Employee ID: _____

Course (DM/MCh/SR-HS/MD/PhD): _____ Date of admission: _____ Valid till: _____

Designation: _____ Department: _____

Qtr Type: _____ Qtr No: _____ Location: _____

Mobile/CUG No: _____ Phone No (Res): _____ (Off): _____

Details of computer, laptop, mobile etc in which Wi-Fi network will be used:

Sl no	Type of equipment	Make	Wi-Fi MAC address of equipment

I undertake that:

1. Above devices will be used by me for research and academic purposes.
2. Any misuse of the connectivity through these devices will be my sole responsibility.
3. In the event of theft/loss of any device, I will immediately inform data centre for blocking the device.

Date:

(Signature of applicant)

Signature of Provost

(Signature of HOD)

Note: Please attach copy of house allotment letter