

# Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow, Uttar Pradesh 226 014

Phone 0522 249 4272, Website: [www.sgpgi.ac.in](http://www.sgpgi.ac.in)

Applications are invited from eligible candidates for the following post:

S. No	Position	Duration and type of employment	No. of Post	Consolidated salary/ month	Eligibility
01	Lab Technician	Temporary appointment purely on contractual basis for short term in the COVID lab. Department of Microbiology, SGPGIMS, Lucknow	06	Rs 17724/-	Intermediate (10+2) with Diploma or certified course in Medical Laboratory Technology or Equivalent
02	Data Entry Operator		03	Rs 17037/-	Graduate in any discipline. One year diploma in computer application. Typing speed of minimum 40 WPM in English

Those interested should apply with the duly filled enclosed application form by the applicant along with the current bio-data and self-attested testimonials send to the email: [pgirecruitmentcovid@gmail.com](mailto:pgirecruitmentcovid@gmail.com) latest by 16<sup>th</sup> April 2021. Eligible candidates will be intimated by email regarding the date of online interview. No separate call letters will be issued.

**Note:** The email subject should be according to the position mentioned in the advertisement either **lab technician** or **data entry operator** for which the application is.

The Director reserves the right to cancel the advertisement/selection without assigning any reason.

Principal Investigator  
Head, Department of Microbiology

# APPLICATION FORM

Post Applied For \_\_\_\_\_

Please affix  
your recent  
passport size  
photograph

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ Mobile \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLACE OF BIRTH (City, Country) \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

In case of accident, notify:

	Name	Relationship	Contact Number
Primary			
Secondary			

## EDUCATION (most recent)

Qualification Title	School Name/ Board	Period (Year)		Percentage
		From	To	

## WORK EXPERIENCE

Name of the Organization/ Hospital/Institute	Date (Year)		Designation	Nature of Duties
	From	To		

## MAJOR SKILLS

\_\_\_\_\_

Declaration: - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.

Date  
Signature