## SANJAY GANDHI POSTGRADUATE INSTITUE OF MEDICAL SCIENCES, LKO

Short term appointment for Senior Residents (Hospital Services) Department of Surgical Gastroenterology through walk-in-Interview on 1st December 2020 at 9:30 am.

Applications are invited for vacant posts of Senior Resident (Hospital Services) for a Short Term appointment on ad-hoc for a period of 89 days. The details are as follows:

Sl.	Department	No. of Posts	Qualification		
1.	Surgical Gastroenterology	04 SR (HS) (Gen.) 01 \$R(HC) (OBC	MS (General Surgery) Degree must be MCI recognized or equivalent. OR DNB in General Surgery		

- Number of posts may be increased or decreased
- Maximum age limit 37 years as on the date of Interview.
- Pay scale of Rs 67700-208700 and other allowances as per Institute rules.
- Interested candidates are required to appear for a walk-in-interview on 1st December 2020 at 10:00 am in the Chamber of HOD, Liver Transplant Unit, SGPGIMS, Lucknow.

The candidate must bring following documents for submission.

- A bank draft of Rs. 200/- (Rs Two hundred only) in favor of "Director SGPGIMS, Academic Account" payable at SBI, SGPGI Branch, Lucknow.
- One recent passport size photograph
- Xerox copies of all relevant certificates and testimonials.

Candidate should fill the prescribed form attached to this letter before the interview.

• Venue: Chamber of HOD, Liver Transplant Unit, SGPGIMS, Lucknow.

• Date : 1<sup>st</sup> December 2020

• Time : 10:00 am

NO TANDA WILL BE GIVEN FOR ATTENDING INTERFVIEW.

(Prof. RAJAN S

HOD, SGE & LTU



## Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow-226 014

APPLICATION FORM
Walk-in interview for Ad-hoc short-term Senior Resident
(Hospital Services) / Medical Physics Resident/
Demonstrators

Paste a selfsigned Passport-Size Photograph

Do not staple

	Det	tails of Bank Dra	ift			Signature of Cand	idate
1.	Department/Sp	ecialty					
2.	First Name		M	iddle Name		Surname	
3.	Father's/Husba	nd's Name					
	Mother's Name						
4.	Date of Birth (D	DD/MM/YY)		/ [	/	Age as on date application	of
5.	Gender: Male	/ Female /	Fransgender				
6.	Martial status (	Single=1, Marrie	ed=2, Widow=	3, Divorced=4	, Separated=5)		
8. Pe	ermanent addres		om above)		e-mai		
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9.	Category (SC=1,	ST=2, OBC=3, G	en=4)				
10.	State of domici	le					
11.	MBBS Registration number (if applicable)		Date	Name of	Name of Medical Council		
12.				Academic Qua	lifications		
A	Examination Passed Matriculation	Institution	Subject/ Specialty	Year	% Marks/ Division	No. of Attempts	
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	MD/MS/DNB*							MD/MS degre	
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D	Others (Specify)							1	
13	Employment det	ails							
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14. 1	Have you have work	ked at SGPGI ear	lier? If yes, p	lease	provide the fo	llowing	details:		
Post Held			Duration			Reason for leaving			
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Nam	e	Age			Occupation*		Inco	me (per	
			applicant		mont				
*with	proof.								
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	<b></b>				Signature	& Seal o	f Head of In	stitution	
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