

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014 Application Form for Post Doctoral Fellowship-2021-22

Advt. No: I-37/ER /	Acad-85/20	21-22			
**Office Use Only					
Screened By(Name)					Paste same
Eligible / Not Eligible					Photo here
Provisional For					
Detail of Transaction:		Bank Draft No: Transaction Date : Name of Issuing Bank:			
Candidate's Name:*					
Contact No.:					
E-mail:					
Remark:					
Medical Council Registration Detail:*		Registration No.	Date	Name of Medical Council	
Nationality:					
State of Domicile:*					
Category:*					
Date of Birth:*					
Subject Detail:*					
SI.No Specialty Program		Code		Preferences	
1.		PDF			
Father's/Husband's Na	me:*				
Father's/Husband's Oc	cupation:*				
Marital Status:*					
Gender:*					
Sponsored Candidate:	*				
Mailing Address:*					
Address:	Line 1: Line 2:				
District: State: Pin code:	2 21				
Permanent Address:					
Address:	Line 1: Line 2:				

Academic Qualification: Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form

Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Specialty
Matriculation					
MBBS					
MD/MS/DNB					
DM/M.Ch					

Employment Detail:

Post Held	Institution	University	Duration		
			From	То	

Declaration of Dependents:

Name	Age	Relation with applicant	Occupation	Income/Month

Attachments:

Caste certificate (if applicable)	High School certificate/proof of date of birth certificate		
Council Reg. Certificate (Medical)	Handicapped Certificates		
Sponsorship Certificate	Any other relevant Certificates		
No Objection Certificate if Employed	Proof of MCI recognized qualifying course		
Post graduation degree/ pass certificate/certificate of appearing in MD/MS examination			

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 Candidate Signature & Seal of Head of Institution