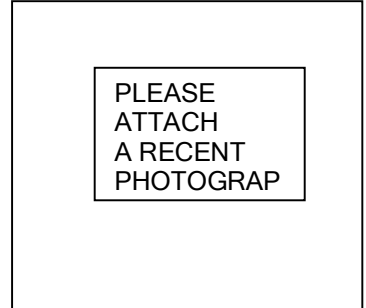


**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,
LUCKNOW.**

Raebareli Road, Lucknow-226 014 (U.P.) India

ADVT. NO
POST APPLIED FOR
IN THE SPECIALITY OF
.....



1. NAME IN FULL

.....
(CAPITAL LETTERS) FAMILY NAME FIRST NAME MIDDLE NAME

2. NAME OF FATHER

.....

3. NAME OF MOTHER

.....

4. MAILING ADDRESS

.....
.....
.....

PHONE/ Mobile NO (1)..... (2)

EMAIL ID (1).....(Alternate email ID).....

5. PERMANENT ADDRESS

.....

.....

.....

6. COUNTRY OF BIRTH Domicile of(state)

CITIZENSHIP.....

7. DATE OF BIRTHAGE IN YEARS

.....

 DAY MONTH YEAR IN WHOLE NUMBERS COMPLETED

8. SEX MARITAL STATUS

SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED

9. SCHEDULED CASTE **YES** **NO**

SCHEDULED TRIBE **YES** **NO**

OTHER BACKWARD CLASS **YES** **NO**

EX-SERVICEMEN **YES** **NO**

10. EXAMINATION PASSED (most recent first) date of appearing or passing number of times attempted grade/ class/division obtained and institution/university from which passed may be mentioned. Where more than one professional examinations are required to obtain a degree, information regarding each professional examination may be given (Matriculation onwards).

No.	EXAMINATION	DATE	ATTEMPTS	GRADE	INSTITUTION

11. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession) giving brief description of the award.

NO.	DESCRIPTION

SUMMARY OF QUALIFICATIONS

(SUBMIT 10 COPIES)

Advt. No.

Item No.

Name of the Post

A. Name

Age.....

Qualifications

Member of Scheduled Caste/Tribe/Backward class.....

.....

B. Present Employment with present basic Salary & grade

.....

Minimum pay acceptable, if selected.....

Notice required for joining.....

Whether applied through proper channel.....

C Academic Vitae (from Matriculation on wards)

Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Class /Division Grade	Merit/Prizes Medals won, If Any

D. Languages Known			E. Teaching Experience Total in (years) Under-graduate classes Subject taught Post-graduate Classes Subject taught	F. Research Experience.
Read	Write	Speak		
G. No. Research papers			H. Books Published	I. No. Research Projects
Published				
National				
.....				
International				
.....				
K. Reference & Testimonials				
L. Additional Information.				

.....
Signature of the applicant

Date.....

Designation.....

Place of work.....

12. PROFESSIONAL EXPERIENCE (before obtaining prescribed qualification which makes you eligible for the post) title of the post held, data of joining, date of leaving, complete number of years spent (give in whole numbers), nature of post (involving practice, teaching and / or research) and emoluments per annum, for each post.

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLUMENTS

13. PROFESSIONAL EXPERIENCE (after obtaining prescribed qualification which makes you eligible for the post).

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE IN YEAR/S MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLUMENTS

14. MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.

NO.	STATUS	NAME	DATE OF MEMBERSHIP

MAJOR INTERESTS/HOBBIE/EXTRA-CURRICULAR ACTIVITIES.

16. RESEARCH EXPERIENCE together with details of published works (attach separate sheets of the size of each of the following):

- (a) PAPERS PUBLISHED.
- (b) PAPERS UNDER PUBLICATION.
- (c) PROFESSIONAL COURSES, SEMINARS/WORKSHOPS/CONFERENCES ATTENDED.
- (d) PAPER PRESENTED AT CONFERENCES.
- (e) VISITING PROFESSORSHIPS TO ACADEMIC INSTITUTIONS.
- (f) ANY OTHER.

17. PROFESSIONAL ACHIEVEMENT. Print in not more than hundred words you professional achievements in the specialty for which applied.

18. Name of three referees who can testify you suitability for the post applied.

Name of Referee

.....
.....
.....

ORGANISATION DESIGNATION

.....
STREET CITY PIN CODE

.....
PROVINCE/STAFF COUNTRY

Name of Referee

.....
.....
.....

ORGANISATION DESIGNATION

.....
STREET CITY PIN CODE

.....
PROVINCE/STAFF COUNTRY

Name of Referee

.....
.....
.....

ORGANISATION DESIGNATION

.....
STREET CITY PIN CODE

.....
PROVINCE/STAFF COUNTRY

Present
Employment.....
.....

.....
.....
DESIGNATION
ORGANISATION

Annual Pay Rs
.....

I certify the above particulars submitted are correct and in case they are found wrong the Institute would be free to take action against me.

Place

Date

Signature.....
.....

INSTRUCTIONS TO THE CANDIDATE

This application will not be considered unless the following documents are attached to it or are received separately so as to reach the Executive Registrar, Sanjay Gandhi Post-graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226 014, Uttar Pradesh on or before the last date fixed for the receipt of applications by Speed Post/ Registered for:

1. A certificate of date of birth.
2. If belonging to scheduled caste/scheduled tribe/other backward class/ex-servicemen category etc. a certificate issued from competent authority in support of the claim.
3. Academic records including on official certification of each degree earned from each Institution of higher learning attended and official transcripts of each examination passed (If the records are not in English / Hindi, a certified English / Hindi translation must be provided)
4. Official certification of distinctions, prizes, medals etc. received.
5. Reprints of papers published /under publication which you claim to the post applied for.
6. Testimonials from three referees in support of your claim to the post applied for.
7. Address sheet duly filled.
8. A declaration that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.
9. The candidate in employment must get their application forwarded through proper channel. However, the advance Copy should reach the Institute within the specified time limit.

