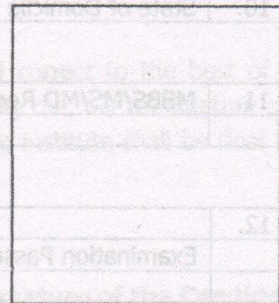




Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow U.P.
Phone: 0522-2668004-8, 2668700-800-900
Fax: 91-0522-2668017, 2668078

Application Form
Walk in Interview for Junior/Senior Resident



Examination Passed	Institution	Subject	Year	Mark/Division	No. of Attempts

Post Applied for	
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Details of Bank Draft	
Signature of Candidate	

1.	Department/Specialty	
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2.	First Name	Middle Name	Surname

3.	Father's/Husband Name	
	Mother's Name	

4.	Date of Birth (DD/MM/YY)		Age as on date of interview	
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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)	
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7.	Mailing Address	Phone	
		Mobile	
		E-Mail	

8.	Permanent Address (if different from above)	Phone	
		Mobile	
		E-Mail	

9.	Category (SC-1, ST-2, OBC- 3, GEN-4)	
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10.	State of Domicile
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11.	MBBS/MS/MD Registration Number	Date	Name of Medical Council
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12.	Academic Qualification					No. of Attempts
	Examination Passed	Institution	Subject	Year	%Marks/Division	

13.	Employment Details				Duration
	SI.No.	Post Held	Institution	University	

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.....

Dated:.....	Phone	Signature & Seal of Head of Institution
	Mobile	
	E-Mail	

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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/-** (rupees two hundred only) in favor of "**Director, SGPGI, Academic Account**" payable at **SBI, SGPGIMS Branch, Lucknow.**
2. **Self-certified copy of**
 - a) Matriculation certificate/age proof or any authentic age proof certificate.
 - b) MBBS / MS/MD marksheet/degree or pass certificate & MCI/State Medical registration proof.
 - c) Certificate/Proof of MBBS/MS/MD degree's recognition by MCI.
 - d) In case of reserve category candidate, caste certificate from competent authority issued within last 06 months.

Enclosure as above

Copy for the information

- Director
- Chief, ATC
- Executive Registrar
- Dr. B. Hariharan, Addl. Medical Superintendent, ATC & HoD, Hospital Administration
- O/o HoD, Hospital Administration

Dr. B. Hariharan
Addl. Medical Superintendent, ATC
HoD, Hospital Administration