

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

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6.	Marital Status (Single-1, Married-2, 1	Widow-3, Divo	rced-4	, Separated-5)		ertificat		
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9.	Category (SC-1, ST-2, OBC- 3, GEN-	4)						



NAME OF

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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:

- 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.