



## Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow 226 014

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2494304

2494009

### **INFORMATION REGARDING JOINING PROCEDURES AND FORMALITIES FOR DM/ MCH/ MD/ MS/ SR(HS)/ PDCC/ PDAF/ PDF/SENIOR DEMONSTRATOR/ MEDICAL PHYSICS RESIDENT/ STATISTICAL FELLOWS/JUNIOR RESIDENT (NON-ACADEMIC)/ B.SC. AND M.SC. COURSES (NURSING / CMT)**

Welcome to SGPGIMS Lucknow. It is situated in Lucknow, at Raebareli road, approximately 13 km from Charbagh railway station and 11.3 km from Chaudhari Charan Singh International Airport, Amausi, Lucknow. The cab of the various private apps are 24X7 available for the SGPGIMS. When you are coming to join SGPGI and you need a hotel to stay for one or two days in the beginning, then there are many good hotels within 2 kilometers around SGPGI on the nominal prices ranging from Rs 1500 to Rs 5000 per day. There is always availability in these hotels, so even after reaching there, you can book it. If you would like to book online, then you must search following keywords "hotel in Raebareli road Lucknow near SGPGI. The nearest location of the SGPGI is Saraswati Puram, Haibat Mau Mawaiya (500 meters) / Durga mandir Raebareli road (1km) / Vrindavan Yojana near Apex trauma center (1-2km). However, we will give you a hostel immediately after admission. There are separate hostels for married and singles just 200 meters away from the hospital.

At the time of joining any of the above courses, you must bring all your original documents, the administration will need to see them, as listed in the offer letter of admission. Please also bring a photocopy of each document and at least 6 passport-size photographs. Without the above, you will not be able to join the admission process. Print this entire document side by side (i.e., using both sides of the paper) and fill in the relevant parts. These are required at the time of admission. You will have to obtain a Medical Fitness Certificate from the Medical Board appointed by the Institute itself. The entire admission process may be understood by the given steps on the next page.

## Stages of admission process

Step 1: Report to the Concerned Officer at Administrative building (Executive Registrar office).

Step 2: Present your allotment letter / appointment letter to the admission officer.

Step 3: Also present all the original documents / copy to the admission officer.

Step 4: Deposit your admission fee to the “Director SGPGI Academic A/C” and submit the fee receipt to the admission officer.

Step 5: After all the necessary formalities, the candidate will receive the appointment letter.

Step 6: The candidate must join the department within a week of reporting at the institute. Candidates must submit the medical fitness certificate to the admission officer before joining the Department.

Step 7: After immediate join at the concerned department, candidate will get the hostel. Admission officer will facilitate you for the hostel.

**All the coming candidates are requested to reach the admission center positively by 10:00 am.**

**Please read it carefully and download the formats for the process of joining and other purposes.**

**DM/MCh:** For admission, you should reach the administrative building, first floor, Room No. 215 [Resident section] during the working days between 10am to 4pm and meet Sri S.P.Yadav, Assistant Administrative officer. [Tel 0522-249 5266; in case no contact through this telephone number then only call on his mobile: 9838387674]. He will give you all the necessary information and help you fill the form as required.

**MD/MS:** For admission, you should reach the administrative building, first floor, Room No. 215 [Resident section] during the working days between 10am to 4pm and meet Sri Satish Chandra, Assistant Administrative Officer. [Tel 0522-249 5266; in case you have no contact through this telephone number then only call on his mobile 9415781397]. He will give you all the necessary information and help you fill the form as required.

**SR(HS)/PDCC/PDAF/Senior Demonstrator/ Medical physics resident / Statistical Fellows:** For admission, you should reach the administrative building, second floor, Room No. 319 during the working days between 10am to 4pm and meet Sri Sundar Lal, Assistant Administrative Officer [Tel 0522-249 5285; in case you have no contact through this telephone number then only call his mobile 9450610738]. He will give you all the necessary information and help you fill the form as required.

**Junior Resident (Non-academic):** For admission, you should reach the Apex Trauma Centre (ATC), Vrindavan yojana (ATC is outside the SGPGI Campus, around 900 meters from the SGPGI gate), Ground floor, during the working days between 10am to 4pm and meet Sri Daya Shankar /Ms. Shubhangi [Tel 0522-249-3776]; in case you have no contact through this telephone number then only call his/her mobile number : 9044244641/ 9450610738 respectively]. He / She will give you all the necessary information and help you fill the form as required.

**Details of the Required Formats are given below. Please download it from page number 5 to 25.**

<b>Formats...</b>		
<b>Annex No.</b>	<b>Description</b>	<b>Instructions</b>
<b>Step 1: The following forms need to be submitted at the time of joining:</b>		
1	Self-Marital declaration form	Fill these, & have Annex 2 attested from your usual place of stay / most recent employer
2	Character certificate from two Gazetted Officers	
3	Identity certificate	
4	Home-town declaration certificate	
<b>Step 2: After your documents have been verified, these need to be filled</b>		
5	Medical Examination form	Familiarize yourself with these forms as this will be required of you
6	Joining report form	
7	Hostel accommodation form	
8	Document submission form (Only for MD/MS/DM/MCh programs)	
<b>Step 3: The following documents are filled after joining</b>		
9	Medical facility and declaration of dependents	Familiarize yourself and fill out relevant portions in advance.
10	Library form	
11	Email / HIS form	
12	Identity card form	
13	Wi-Fi form for residents	
<b>Step 4: Bank account opening at SBI, SGPGI: Essential for all employees (used to generate an employee code and pay salary)</b>		
14	If you have an SBI account, come with a copy of your passbook, else you will need to apply for a new account at SBI SGPGI Branch.	Originals and copies of PAN card, ID proof, six Photos.
<ol style="list-style-type: none"> <li>1. Medical Fitness Certificate is required to be submitted before joining to the concerned Department. Although it is not required at the time of reporting.</li> <li>2. Also, there will be a service agreement bond for DM/MCh/MD/MS candidates only. Information related to this will be provided to you by the concerned admission officer at the time of the joining.</li> </ol>		

After receiving the appointment letter, the candidate will have to join the concerned department within one week from the date of issue of the appointment letter. Prior to starting the medical examination by the candidates, it is best if you start early in the day (around 10 AM). You need to go to the departments of Pathology (C block), Radiodiagnosis (F block) in the Main Institute building and Ophthalmology in the New OPD Block (5<sup>th</sup> floor) and thereafter to the General Hospital (near

Shruti Auditorium) for assessment by Physician, Surgeon, and Gynecologist (for women). After all tests and assessments, The Medical Superintendent (M.S.) available in Main Institute building will sign the medical fitness certificate. After clearance from the Medical Board, please report back to concerned admission officer / in charge (Sri Sunder Lal / Sri S P Yadav/ Sri Satish Chandra) in the Administrative Block. The positions which are at Apex Trauma Center (ATC) need to report to Apex Trauma Centre to Sri Daya Shankar /Ms. Shubhangi. The concerned officer will then authorize to candidate to collect the fee book from the Junior Accounts Officer (Research), Room no. 209- B, First Floor, Administrative block. The requisite fee, as laid down in your admission letter / prospectus, is to be deposited with the State Bank of India, SGPGI Branch as per details available in the fee book. This can also be done online through the SGPGI website portal [www.sgpgims.org.in](http://www.sgpgims.org.in).

At the portal, go to “Academic”, Go to “Fee structure”. Check the applicable fee for your course. For the online payment of the fee, click the link given at the end of this page. Select the “Uttar Pradesh” and “Educational Institutions” and further select “S G P G I LUCKNOW”, [There is a space between each word in SGPGI], Select the payment category “Course Fee”, Fill in the details, and proceed for the payment.

The same online payment link can also be access from the URL given below, <https://www.onlinesbi.sbi/sbicollect/icollecthome.htm>

You can deposit the amount directly through online transfer to the “Director SGPGI Academic A/C”. in the account number [State bank of India, SGPGI branch account number (A/C No) : 10095237571, IFC code: SBIN0007789].

After depositing the fees, please report to concerned admission officer / in charge (Sri Sunder Lal / Sri S P Yadav/ Sri Satish Chandra) to complete the formalities. Your joining formalities at this stage will include completion of all documents and verification of original documents. You may also need to deposit some of your original documents (if applicable).

In case of any difficulty, you may approach to Dr. Prabhakar Mishra, Sub-Dean (Exams)/ Dr. Shalini Singh, Sub-Dean (Student Affairs) / Lt. Col. Varun Bajpai, VSM, ER in that order [2<sup>nd</sup> Floor, Administrative block]. Once your joining is accepted in the Administrative Block and the joining letter is signed by the Executive Registrar, you will be asked to report to the Head of the department (HOD) in which you have been appointed, along with the joining report. This is to be signed by the HOD and submitted back in the administrative block to Concerned officer. We hope you have a pleasant and fruitful stay at SGPGI.

**MARITAL DECLARATION**

(Please tick the relevant portion and strike out the portions not applicable)

I, Dr..... declare as under:

- (i) That I am Bachelor/ Widower /Married/Divorced.
- (ii) That I am married and have only one husband/wife living  
/ that I am married to a person who has no other wife living.
- (iii) That I am married & have more than one wife.
- (iv) That I am married to a person who has another wife living.

**In case of (iii) or (iv) above:**

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living or having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true & I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: .....

Signature .....

**This certificate needs to be issued / signed by two separate officers**

**CERTIFICATE OF CHARACTER**

Certified that I have known Dr.....son/daughter of Shri..... for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

Dr.....is not related to me.

Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional  
Magistrate or Gazetted Officer

.....

**CERTIFICATE OF CHARACTER**

Certified that I have known Dr.....son/daughter of Shri.....for the last.....years..... months and, to the best of my knowledge & belief, he/she bears reputed character & has no antecedents which render him unsuitable for employment at SGPGI, Lucknow.

Dr.....is not related to me.

Place:..... Signature.....

Dated:..... Designation.....

District Magistrate or Sub-Divisional  
Magistrate or Gazetted Officer

**IDENTITY CERTIFICATE**

(To be signed by one of the following)

- (i) Gazetted officers of Central or State Government:
- (ii) Members of Parliament of State legislature belonging to the constituency where the candidate or his parent/guardian is ordinary resident:
- (iii) Sub-Divisional Magistrates/Officers:
- (iv) Teshildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
- (v) Principal/Head-Master of the recognized School/College/Institute where the candidate studied last:
- (vi) Block Development Officer:
- (vii) Post-Masters:
- (viii) Panchayat Inspector:

Certified that I have known Shri/Smt./Kumari/Dr..... son/daughter/wife of Shri.....for the last ..... years ..... months and that, to the best of my knowledge and belief, the particulars furnished by him/her are correct.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation or status & address

**TO BE FILLED BY THE OFFICE**

1. Name, designation & full address of the appointing authority.
  
  
  
  
  
  
  
  
  
  
2. Post for which the candidate is being considered.



**Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lko.**

**HOMETOWN DECLARATION**

DATED .....

I, ..... employed as Senior Resident in Department  
of ....., **Sanjay Gandhi Postgraduate Institute  
of Medical Sciences, Lucknow** hereby declare that my home town is .....,  
District ..... . The railway station nearest to it is  
..... .

Signature of the Candidate

**MEDICAL EXAMINATION FORM for joining****Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow****Declaration by the candidate**

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority in the past. **OR**

I declare that I have been suffering from .....  
for the last ..... years.  
*(If not suffering from any illness, state 'no illness'. This portion cannot be left blank. Suppression of information about past illness will invite suitable disciplinary action)*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Dated \_\_\_\_\_

**MEDICAL EXAMINATION**

Height (cm) .....	Weight (Kg) .....	
Apparent age (years) .....	Pulse (/min) .....	BP (mmHg) .....
JVP .....	Edema feet .....	Varicose veins .....
CVS .....	Chest .....	CNS .....
Abd .....	Genitalia .....	Hernia/hydrocele .....

<b>Gynaecological assessment:</b>	Married /unmarried	Children .....
LMP .....	P/A .....	P/V .....

<b>Ophthalmic assessment:</b>	<b>Without Glasses</b>	<b>With Glasses</b>
Acuity of vision	L .....	L .....
	R .....	R .....
Colour vision	L .....	L .....
	R .....	R .....

**Investigations:**

Urine: Albumin .....	Sugar .....	M/E .....
Chest X-Ray PA .....		

**Names and signatures:**

Physician .....	Gynecologist .....
Surgeon .....	Radiologist .....
Pathologist .....	Ophthalmologist .....

**Chairperson Medical Board .....**

**Check list: Cross out (X), those not present and tick (✓) those present**

**History of**

- |                                  |  |
|----------------------------------|--|
| 1. Prolonged fever               | 11. Previous operations or accidents           |
| 2. Cough/prolonged expectoration | 12. Previous hospitalization & reasons         |
| 3. Chest pain                    | 13. Allergies                                  |
| 4. Hemoptysis (Blood in cough)   | 14. Unconsciousness -focal or general seizures |
| 5. Jaundice                      | 15. Hypertension                               |
| 6. Breathlessness                | 16. Tuberculosis                               |
| 7. Swelling over body            | 17. Heart disease                              |
| 8. Blood in vomit or stools      | 18. Diabetes.                                  |
| 9. Unusually irregular periods   | 19. Bronchial asthma / COPD                    |
| 10. Mental illness               | 20. Skin eruptions                             |

Any others, not included in this list .....

**Family history:**

Diabetes .....	Hypertension .....
Tuberculosis .....	Heart Disease .....
Any other (specify) .....	

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**MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES**

I do hereby certify that the members of the Medical Board of Sanjay Gandhi Postgraduate Institute of Medical Sciences, have examined to Sri/Smt/Km ..... as a candidate for employment/training/confirmation in the Department of ..... as ..... and have not discovered that he /she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except .....

Name or nature of illness / infirmity / disability:          
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I consider the person FIT / UNFIT for employment/confirmation in the Department of ..... as ..... The candidate's age according to his/her statement is ..... years and by appearance is ..... years.

(Signature of candidate)

**Chairman, Medical Board**

Attested by:

Date .....



## Sanjay Gandhi Postgraduate Institute of Medical Sciences

Annexure 6

Raebareli Road  
Lucknow 226014, India  
Phone: +91 522 2494009  
91 522 2495266

### **Joining Report (To be filled in Duplicate)**

With reference to appointment/admission letter no. PGI/ER/ACAD/...../20..... dated ....., I accept the terms & conditions of offer and join as a DM /MCh) in..... Department in Forenoon/ Afternoon of .....along with the following self-certified documents:

No.	Document	To be filled by office			Folio No.
		Yes	No	NA	
1.	Certificate of age proof.				
2.	MBBS degree				
3.	MD/MS degree				
4.	Proof of recognition of MD/MS degree from Medical Council of India				
5.	Proof of registration of MD/MS degree with MCI or state medical council				
6.	Certificate of fitness from the Medical Board of the Institute				
7.	Fee deposit Receipt: No..... Date..... Rs.....				
8.	Identity Certificate				
9.	Character certificates from two persons				
10.	Marital certificate				
11.	Declaration of dependents				
12.	Identification proof (PAN card, driving license, Aadhar card or passport)				
13.	Original admits card of entrance examination				
14.	Six passport size photographs				
15.	Hostel allotment form				
16.	Caste certificate, if applicable				
17.	Original NOC from previous employer, if previously employed				
18.	Relieving certificate from the last employer				
19.	Migration certificate (original, no. ....(for DM/MCh/PDCC/ PDF)				

He/she should report for duty to Head of the Department immediately on \_\_\_\_\_ (FN / AN).

Name: -

Designation: -

Department: -

Signature of the student with date

(Signature of HOD with date)

(Executive Registrar)

**After HOD's signatures, the form will be returned to the Academic Section.**

**Copy to following for information and necessary action:**

1. Provost SGPGI (To report with the hostel allotment forms)
2. Personal file

**Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow**

**Application for Hostel Accommodation**

1. Name: Age: Gender:
2. Department
3. Designation
4. Marital status
5. Date of joining
6. Duration of course/project
7. Date of tenure end
8. Complete permanent address with telephone nos

Affix recent  
Photo (passport  
size) duly  
attested by HOD  
(Signature with seal)

9. Complete address of local guardian with telephone no
10. Name of person(s) to be contacted in emergency, with telephone no.:
11. Own mobile number and land line no.
12. Email ID

I, ....., undertake to abide by the hostel rules and any instructions given by warden/ provost.

**Applicant's signature**

**HOD's signature and seal**

**(Remarks of Provost)**



Annexure 8  
Phone: (0522) 2495266, 2494304

**Sanjay Gandhi Postgraduate Institute of Medical Sciences  
Lucknow 226014**

**UNDERTAKING**

(TO BE SUBMITTED IN DUPLICATE)

I, Dr. .... understand that my original certificates will be retained by the Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow and these will not be returned before completion of MD/MS in the specialty of ..... I also understand that if the undersigned leaves the course in mid-session, I will be debarred to appear in NEET PG entrance exam conducted for next session for admission in PG courses.

Roll No. ....

Permanent Address: .....

Signature of candidate



**Sanjay Gandhi Postgraduate Institute of Medical Sciences  
Lucknow 226014**

**CERTIFICATE**

(TO BE SUBMITTED IN DUPLICATE)

This is to certify that the following documents of Dr. .... S/o, W/o, D/o ..... have been received by the Institute in original as he/she has decided to pursue MD/MS course in ..... specialty at this institute for the session commencing from December 2024 **and these certificates will only be returned to the student after completion of two years mandatory service bond of UP Govt. on submission of certificate to this effect.**

1. High School/Date of Birth certificate
2. Intermediate marksheet
3. M.B.B.S. Degree
4. MBBS Marksheets (1-4 years)
5. MBBS Medical Registration
6. Internship Completion
7. Caste Certificate (if applicable)

Signature of Candidate

**Executive Registrar**





**Sanjay Gandhi Postgraduate Institute of Medical Sciences  
Lucknow 226014**

**CERTIFICATE**

(TO BE SUBMITTED IN DUPLICATE)

This is to certify that the following documents of Dr. .... S/o,  
W/o, D/o ..... have been received by the Institute in original as  
he/she has decided to pursue DM/M.Ch course in ..... specialty at this  
institute for the session commencing from ..... **and these certificates  
will only be returned to the student after completion of two years mandatory service  
bond of UP Govt. on submission of certificate to this effect.**

1. High School/Date of Birth certificate
2. M.B.B.S. Degree
3. MD/MS Degree
4. Medical Registration

Signature of Candidate

**Executive Registrar**

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow  
Application for Declaration of Dependents for staff and dependents registration

Employee ID									
-------------	--	--	--	--	--	--	--	--	--

Date of Joining: .....

Details of Employee

Name			DOB	Sex	Department	Designation	Telephone no.	Bank A/c no.	Old/new CR No.
First Name	Middle Name	Last Name	(DD/MM/YY)	(M/F)					

Details of Dependents

S. No	Name	Age/ DOB (DD/MM/YY) and sex (M/F)	Relation with employee	Profession if employed or name & address of department, if retired.	Whether medical facility provided by employer	Basic pension per month w.e.f. 1/1/96	Total income from all sources	Old/new CR no.

I hereby certify that the above mentioned family members are fully dependent upon me as per above mentioned details. I also certify that the entries in the form have been made by me are correct. I hereby give the undertaking that if any of the entries in the form are found to be incorrect of false at any time I shall be fully responsible for the same and suitable disciplinary action may be taken against me including recovery of amount spent on treatment of any of my dependent.

Signature of Employee

**Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow**

**Registration Form for E-mail and Hospital Information System (HIS)**

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Section 1: Application

Name	_____	Date	_____
Designation	_____	Valid till	_____
Department	_____	Phone (Off)	_____
Preferred Username	_____	Phone (Res)	_____
	(max. 8 alphabets, all lowercase)		
Date of Birth	_____	Employee ID	_____
_____			

I undertake to use the Hospital Information System only for my assigned official duties and to maintain the confidentiality of the patient data in the system. I shall keep my password secret and shall be responsible for all activities performed using my username and password.

\_\_\_\_\_ **Applicant's Signature**

**IMPORTANT INFORMATION FOR ALL APPLICANTS**

Please note that for every activity on the HIS, the computer records the username and password of the person performing it. Your password is like your electronic signature. You are therefore advised to change your initial password immediately after it is assigned to you and frequently thereafter. You **MUST NOT** reveal your password to anyone at any time. In case you suspect that someone may have come to know your password, change it immediately. The password should preferably be 6-10 characters long and consist of a mixture of alphabetical and numeric characters. You are advised not to use your name, initials, date of birth, family members' names, etc. as password since these can be easily guessed. If you have any queries or have forgotten your password, please contact the system administrator.

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**Section 2: Authorization**

HIS Facility       E-mail facility

Functions/areas in various Modules etc.

- |   |   |
|---|---|
| <input type="checkbox"/> Billing Nodal        | <input type="checkbox"/> Resident       |
| <input type="checkbox"/> Billing Clerk        | <input type="checkbox"/> Consultant     |
| <input type="checkbox"/> HRF Clerk            | <input type="checkbox"/> Lab Technician |
| <input type="checkbox"/> HRF Nodal/Supervisor | <input type="checkbox"/> Nursing Staff  |

- |  |  |
|--|--|
| <input type="checkbox"/> HRF Unit                          | <input type="checkbox"/> Hospital Administration |
| <input type="checkbox"/> HRF Misc                          | <input type="checkbox"/> Stationary              |
| <input type="checkbox"/> OPD/Bay Clerk                     | <input type="checkbox"/> OT Staff                |
| <input type="checkbox"/> Registration Clerk/Supervisor/PRO | <input type="checkbox"/> CSSD/Dietary Staff      |

\_\_\_\_\_ **HOD**

**Section 3: Username assignment**

Username assigned (HIS) \_\_\_\_\_ Logon name for E-mail \_\_\_\_\_

I have understood the method to change my password and have changed my originally assigned password.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ System Administrator's Signature

**Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow.**

Date of Joining \_\_\_\_\_

Annexure 12

**Proforma for Identity Card**

**MIU**

(Must be filled in Block letters)

**SGPGIMS**

**Employee ID No.** \_\_\_\_\_

**Card No.** \_\_\_\_\_

(for office use only)

Valid from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Pay Scale\* \_\_\_\_\_

Department \_\_\_\_\_

Intercom No. \_\_\_\_\_

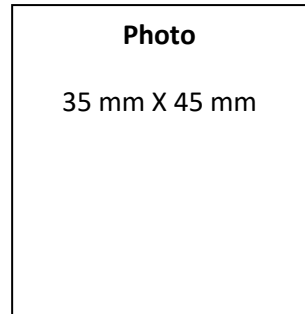
Blood Group \_\_\_\_\_

Previous Card No. \_\_\_\_\_

(in case of loss)

Permanent Address & \_\_\_\_\_

Telephone No. \_\_\_\_\_



Name & Address of the \_\_\_\_\_

Person to be intimated \_\_\_\_\_

In case of emergency/Local Address & \_\_\_\_\_

Telephone No.

**Signature of Applicant**

**Recommendation by HOD**

**Verification by**

**Establishment**

**Establishment**

**Academic Section**

**(Main Administration)**

**(Hospital Administration)**

**(Executive Registrar Office/SRO)**

## Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

### Application Format for Activation of Wi-Fi Connection

(Senior Residents/Students residing in MRA and Hostel areas)

Name of Resident:\_\_\_\_\_ Employee ID:\_\_\_\_\_

Course (DM/MCh/SR-HS/MD/PhD):\_\_\_\_\_ Date of admission:\_\_\_\_\_ Valid till:\_\_\_\_\_

Designation:\_\_\_\_\_ Department:\_\_\_\_\_

Qtr Type:\_\_\_\_\_ Qtr No:\_\_\_\_\_ Location:\_\_\_\_\_

Mobile/CUG No:\_\_\_\_\_ Phone No (Res):\_\_\_\_\_ (Off):\_\_\_\_\_

Details of computer, laptop, mobile etc in which Wi-Fi network will be used:

Sl no	Type of equipment	Make	Wi-Fi MAC address of equipment

I undertake that:

1. Above devices will be used by me for research and academic purposes.
2. Any misuse of the connectivity through these devices will be my sole responsibility.
3. In the event of theft/loss of any device, I will immediately inform data centre for blocking the device.
- 4.

Date:

(Signature of applicant)

Signature of Provost

(Signature of HOD)

Note: Please attach copy of house allotment letter

**(Course Bond)**

**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,**  
**LUCKNOW -226014**  
**BOND FOR THE CANDIDATE ADMITTED TO MD COURSE (JUNIOR RESIDENT) AT**  
**SGPGIMS**

Known all men by these present that we, Dr. ....  
.....S/o,D/o.....R/o  
..... at present a selected candidate of  
.....at Sanjay Gandhi Post-Graduate Institute of Medical  
Sciences Lucknow-226014 (hereinafter called the Junior Resident) and  
Shri/Dr..... S/o, D/o  
.....R/o ..... (hereinafter called the surety),  
do hereby jointly and severally bind ourselves (and shall include our respective heirs,  
executors, administrators etc.) that he/she will not leave the course in mid-term Session & if  
he/she resigns or leave the course in mid-session of the course from Sanjay Gandhi  
Postgraduate Institute of Medical Sciences Lucknow-226014 (hereinafter called the  
SGPGIMS), he/she shall be liable to debar for admission process for next one year of the  
Academic Session.

**WHEREAS** the above named Dr. ....has been selected in  
the discipline/ Department of .....for admission to MD/MS course and  
appointment against the post of Junior Resident for a period of three years, commencing  
from ....., 2024.

**WHEREAS** the above named Junior Resident has undertaken to join the above  
post/course on the conditions that he/she shall not leave the post and course in between the  
mid-term of the entire session of the three years.

**AND WHEREAS** the above named Junior Resident has also undertaken that if he/she  
resigns or leaves the course/post , he/she shall be liable to debar for admission process of  
next one year Academic Session as per G.O. No. M.E.-3/2024/1260 dated 27<sup>th</sup> June, 2024  
of DGME, Lucknow.

**AND WHEREAS** the liability under the above bond shall be binding and effective for full term of the course from the commencement of the session and shall be enforceable for any liability arising thereafter subject to the following clause.

**PROVIDED** always that the liability of the surety herein shall not be discharged/impaired by reason of the time being granted or by any other act or by any forbearance act of the SGPGIMS or any person authorized by them, whether or without the consent or knowledge of the surety, nor shall it be necessary for the SGPGIMS to sue the said Junior Resident before suing the above named surety Shri .....:-

The decision of the Director, SGPGIMS shall be final on any dispute that may arise. All disputes shall be subject to Lucknow Jurisdiction.

SIGNED, EXECUTED AND DELIVERED ON THIS DATE ..... IN THE PRESENCE OF FOLLOWING WITNESSES.

**WITNESS: -**

1.

**JUNIOR RESIDENT**

2.

**SURETY**

**EXECUTIVE REGISTRAR**

**DEAN**

**(Service Bond)**



AGREEMENT BOND FOR CANDIDATES ADMITTED TO

-----COURSE-----SESSION

THIS DEED OF AGREEMENT BOND IS EXECUTED AT -----ON THIS DAY OF-----

BETWEEN

NAME-----

S/O, D/O,W/O-----

RESIDING AT (PERMANENT ADDRESS) -----

(TEMPORARY ADDRESS) -----

MOBILE NO.-----

E-Mail ID: -----

AADHAR No.-----

Hereinafter referred to as (“FIRST PARTY”) of the one part

AND

Governor of Uttar Pradesh (here in after referred to as “Government”) of the Second Party.

WHEREAS FIRST PARTY has applied for admission to-----course and FIRST PARTY has been selected to the said course. As per the Prospectus, the FIRST PARTY has agreed to serve the Government for a period not less than two year after successful completion of the ----- course.

If the FIRST PARTY fails to serve the government for a period of two year the FIRST PARTY shall forthwith pay a sum of Rs. 40 Lacs for Degree and 20 Lacs for Diploma, MDS to Government at the specified Government Treasury. During the above period the FIRST PARTY shall be paid Stipend and the Government will request their services within a period of three months from the date of successful completion of the ----- course. In case the Government does not provide services in mentioned period, the BOND shall be released : AND WHEREAS the FIRST PARTY has also agreed that on successful completion of the ----- course his/her certificates relating to ----- course will not be given to the FIRST PARTY unless the FIRST PARTY successfully Serves the Government for a period of two year or pay to the Government on Demand the sum of Rs.----- ( Rupees -----) only.

If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rates specified by the Government as per applicable law during the period of delay; AND WHEREAS the Government have, at the request of the FIRST PARTY ----- employed as --- ----- granted stipend to him/her for a period of 24 months effect from ----- in order to enable his/her to study at -----

College.

AND WHERE AS if the FIRST PARTY -----work as for a period of less than 24 months during the ----- Super specialty course DM/MCH/ ----- - Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course, the proportionate amount will be treated as stipend and the FIRST PARTY ----- shall pay back in addition to the security amount of stipend to the Government. This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

Now THIS DEED OF AGREEMENT BOND WITNESSES BOND WITNESSES AS FOLLOWS:-

1. The FIRST PARTY has agreed to serve the Government for a period of two year on successful completion of the ----- Super specialty course DM/MCH/Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course. If the FIRST PARTY fails to serve the Government for a period of two year, FIRST PARTY shall pay forthwith a sum of Rs. ----- ( Rupees ----- only) to the Government in the specified Government Treasury.
2. The FIRST PARTY Agrees that till the successful completion of the period of two year service to the Government or till the payment of Rs. -----( Rupees -----) only is paid the certificates relating to ----- Super specialty course DM/MCH/ ----- Post Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course shall be in the Custody of the Concerned Institution / University/ College and the Government has a First lien over all the certificates gained by the candidates at the time of admission.
3. The FIRST PARTY authorizes the Concerned Institution / University/College for retention of the certificates till the lien of Government is cleared/discharged.
4. The BOND shall in all respect be governed by the Laws of India, for the time being in force, and the rights and liabilities shall. Where necessary, be accordingly determined by the appropriate course in India.
5. If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rate specified by the Government as per applicable law during the period of delay, failing which Government shall have right to recover the aforesaid amount together with interest as arrear of land revenue.
6. The FIRST PARTY shall borne the Stamp duty chargeable on this BOND IN WITNESS WHEREOF parties to this Deed have signed this BOND on the date first above mentioned.

For and behalf of

FIRST PARTY

( )

For and behalf of

Governor

( )

**Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow -226014**  
**Central Library**  
**Membership Form**

Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Paste photo
Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Deptt. \_\_\_\_\_ Designation \_\_\_\_\_ Ad hoc  Permanent

Address (Present) \_\_\_\_\_  
 \_\_\_\_\_

Address (Permanent) \_\_\_\_\_  
 \_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail id : \_\_\_\_\_

Recommendation of HOD with seal \_\_\_\_\_

**For project fellows/Ph. D. /Pool Officers & Students**

In case applicant will leaves the institute without returning the borrowed books and journals, undersigned will responsible.

Principal Investigator (Extramural Project)	A.O.(Research Cell) (Intramural Project)	Principal Course coordinator
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**Important Information:**

1. You should abide by the rules and regulations and co-operate to run the library in a systematic way. Library rules are available in the library for consultation.
2. We provide our services round the clock, except Sundays and holidays.
3. Library is fully automated and library holding are accessible everywhere on SGPGI website through OPAC.
4. Outsiders (Non-members) are not allowed to use the library facilities.
5. Borrowing of books/journals for a maximum period of one week. Rs. 10.00 per day will be charged after due date.
6. In case of lost of library card will be charged Rs 100.00 per card.
7. In case loss of issuing library property, current cost will be charged for the same.
8. The membership cards are non-transferable.
9. The number of Library-Cards based on entitlement will be as follows: Faculty/SRDM/VS/ MCH/SR/ Sy P/ D -Students/EMO/Officer -3 cards, Staff/DHA, CON, CMT -Students/RP/RA/Pool Officers-1 Card.
10. **Required documents:** Stamp Size Photographs - Photocopy of Appointment letter/Office Memorandum-card (as per entitlement).

Disclamation: *I have read all the rules and regulations of the Library and I shall abide by the same.*

Date : \_\_\_/\_\_\_/\_\_\_ Place: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**For office use only**

Membership No.....  
 Issued on ..... Librarian ..... Chief Librarian .....

*22/05/2014*