

Email:-erexam.spggi@gmail.com
FAX: 91-522-2668017



Phone:(0522) 2494009,
2494304

**SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES,
Raebareli Road, Lucknow –226014 (India)**

Addendum to the Advertisement No. I-37/ER/Acad-85/2021-22
Supplementary Notice Regarding 01 Year's Fellowship Programmes

With reference to the above noted advertisement, it is published for notice of all concerned that positions of Post Doctoral Fellowship (PDF) are vacant in the under mentioned Departments of the Institute. The candidates must possess DM/MCh/DNB qualification in the respective specialty by the day of the Interview. Interview will be held in the office of respective Head of the Departments.

Interested aspirants are required to submit application forms to the Executive Registrar through Speed Post on the prescribed format attached with a bank draft of Rs.1000/- in favor of Director, SGPGI (Academic A/C) payable at State Bank of India, SGPGIMS Branch, Lucknow on prescribed format annexed to this addendum.

The details of vacant positions are as follows:-

Department	Specialty	Code	No. of Posts
Cardio Vascular & Thoracic Surgery	Pediatric Cardiac Surgery	132	1
	Minimally Invasive CVT Surgery	133	1
Gastroenterology	GI Physiology	163	1
Neurology	Neuro-Physiology	202	1
	Neuro-Critical Care	203	1
Pediatric Surgical Superspecialties.	Pediatric Surgical Gastroenterology	353	1

Last date for receiving applications: 12th Jan,2022.

Executive Registrar



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014
Entrance Examination for Appointment to Post Doctoral Fellowship Program.

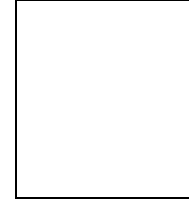
Advt. No: I-37/ER/Acad-85/2021-22

****Office Use Only**

Screened By(Name)

Eligible / Not Eligible

Provisional For



Paste same
Photo here

Detail of Transaction:

Bank Draft No:
Name of Issuing Bank:

Transaction Date :

Candidate's Name:*

Contact No.:

E-mail:

Remark:

Medical Council Registration Detail:*

Registration No.	Date	Name of Medical Council
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Nationality:

State of Domicile:*

Category:*

Date of Birth:*

Subject Detail:*

SI.No	Specialty	Program	Code	Preferences
		PDF		

Father's/Husband's Name:*

Father's/Husband's Occupation:*

Marital Status:*

Gender:*

Sponsored Candidate:*

Mailing Address:*

Address: Line 1:
Line 2:

District:

State:

Pin code:

Permanent Address:

Address: Line 1:
Line 2:

District:

State:

Pin code:

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	To

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