

SANJAY GANDHI POSGRADUATE INSTITUTE OF MEDICAL SCIENCES LUCKNOW.

Short term appointment for Senior Residents (Hospital Services), Department of Surgical Gastroenterology, through walk-in-interview on 26.08.14 (Tuesday) at 3:00 pm.

Applications are invited for vacant posts of Senior Resident (Hospital Services) for a Short Term appointment on ad-hoc for a period of 89 days. The details are as follows:

Sl.no.	Department	No. of Posts	Qualification
1.	Surgical Gastroenterology	03 (Gen.) SR (HS)	MS (General Surgery) Degree must be MCI recognized

- Number of posts may be increased or decreased.
- Maximum age limit 35 years as on 01.07.2014.
- Pay & allowances: Rs 18,750/- pm plus Grade Pay Rs. 6,600/- as per Institute rules.
- Interested candidates are required to appear for a walk-in-interview on 26.08.2014 at 03:00 pm in the department of Surgical Gastroenterology.

The candidates must bring following documents for submission:

- A bank draft of 200/- (Rs. Two hundred only) in favour of “**Director, SGPGIMS, Academic Account**” payable at SBI, SGPGI Branch, Lucknow.
- One recent passport size photograph.
- Xerox copies of all relevant certificates and testimonial.

Candidate should fill the prescribed form attached to this letter before the interview.

Venue Surgical Gastroenterology Department
Date 26.08.2014
Time 03:00 PM

NO TA/DA WILL BE GIVEN FOR ATTENDING INTERVIEW.

Head, Deptt. of Surgical Gastroenterology



Sanjay Gandhi Postgraduate Institute
of Medical Sciences, Lucknow-226 014

APPLICATION FORM
WALK-IN-INTERVIEW -2014
SHORT TERM SENIOR RESIDENT (HOSPITAL SERVICES)

Paste a self -signed
Passport Size
Photograph
Do not staple

Details of Bank Draft

Signature of Candidate

1.	Department/Specialty			
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2.	Candidate's FIRST NAME	MIDDLE NAME	SURNAME

3.	Father's/Husband's Name	
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4.	Date of Birth (DD/MM/YY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Age as on	<input type="text"/>
							01.07.2014	

5.	Gender (M/F)	/	/
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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:	<input type="text"/>
	Mobile :	<input type="text"/>
	e-mail:	<input type="text"/>

8. Permanent Address:	Phone:	<input type="text"/>
	Mobile :	<input type="text"/>
	e-mail:	<input type="text"/>

9.	Category (SC=1, ST=2, OBC=3, Gen=4)	
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10.	State of Domicile	
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11.	Registration No	Date	Name of Medical Council

12 Academic Qualifications							
	Examination Passed	Institution	Subjects/ specialty	Year	% Marks / Division	No. of Attempts	MD/MS degree recognition status YES/No
A	Matriculation						
B	MBBS						
C	MD/ MS/DNB*						
D	Others (Specify)						

