

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
DEPARTMENT OF CLINICAL IMMUNOLOGY AND RHEUMATOLOGY

Short term Appointment for Senior Resident (Pediatric) through
WALK-IN-INTERVIEW ON 09th September 2024

Applications are invited for vacant post of Senior Resident (Pediatric, Clinical Immunology & Rheumatology) in the Department of Clinical Immunology & Rheumatology for a short term appointment for a period of 89 days. The details are as under:

| Sl.No. | Department | No. of Post | Qualification |
|--------|------------------------------------|-------------|--|
| 1 | Clinical Immunology & Rheumatology | 01 | MD, Pediatric Desirable : Experience in Clinical Immunology & Rheumatology Degree must be recognized by the M.C.I. |

will be considered only if post graduate candidates are not available

- Number of posts may be increased or decreased.
 - Maximum age limit 45 years as on date of interview.
 - Pay and allowances : Rs.67700/- plus allowances as per Institute rules (for SR)
 - Candidates who have already completed three years senior residency may not be considered for the appointment. Interested candidates are required to appear for a walk-in-interview on September 09, 2024 (09th Day) at 11 AM in the Department of Clinical Immunology & Rheumatology 'C' Block Main Hospital Building, SGPGIMS, Lucknow. The candidates must bring following documents for submission.
1. A Demand Draft of Rs.200/- in favour of "Director SGPGI Academic Account" payable at S.B.I., SGPGIMS Branch, Lucknow.
 2. Four passport size photographs.
 3. Curriculum Vitae.
 4. Photocopies of all relevant certificate and testimonials.
 5. Candidate should fill the prescribed form available in the site of Institute before the interview.
- Venue: Department of Clinical Immunology & Rheumatology (C Block, 2nd Floor, Main Hospital).


(Prof.Amita Aggarwal)

Head, Clinical Immunology & Rheumatology

Prof. Amita Aggarwal

Head

Clinical Immunology & Rheumatology
SGPGIMS, Lucknow-226 014 (U.P.)



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

APPLICATION FORM
Walk-in interview for Ad-hoc short-term Senior Resident
(Hospital Services) / Medical Physics Resident/
Demonstrators

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. First Name | Middle Name | Surname |
| | | |

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

| | | | | | | | |
|-----------------------------|----------------------|---|----------------------|---|----------------------|-------------------------------|----------------------|
| 4. Date of Birth (DD/MM/YY) | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | Age as on date of application | <input type="text"/> |
|-----------------------------|----------------------|---|----------------------|---|----------------------|-------------------------------|----------------------|

| |
|--|
| 5. Gender: Male / Female / Transgender |
|--|

| | |
|---|----------------------|
| 6. Martial status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5) | <input type="text"/> |
|---|----------------------|

| | | |
|---------------------|---------|----------------------|
| 7. Mailing address: | Phone: | <input type="text"/> |
| | Mobile: | <input type="text"/> |
| | e-mail: | <input type="text"/> |

| | | |
|--|---------|----------------------|
| 8. Permanent address (if different from above) | Phone: | <input type="text"/> |
| | Mobile: | <input type="text"/> |
| | e-mail: | <input type="text"/> |

| | |
|--|----------------------|
| 9. Category (5C=1, ST=2, OBC=3, Gen=4) | <input type="text"/> |
|--|----------------------|

| | |
|-----------------------|----------------------|
| 10. State of domicile | <input type="text"/> |
|-----------------------|----------------------|

| | | |
|--|------|-------------------------|
| 11. MBBS Registration number (if applicable) | Date | Name of Medical Council |
| | | |

| 12. Academic Qualifications | | | | | | |
|-----------------------------|--------------------|-------------|-------------------|------|------------------|-----------------|
| | Examination Passed | Institution | Subject/Specialty | Year | % Marks/Division | No. of Attempts |
| A | Matriculation | | | | | |
| B | MBBS | | | | | |

| | | | | | | | |
|---|------------------|--|--|--|--|--|---|
| C | MD/MS/DNB* | | | | | | MCI/MS degree recognition status YES/NO |
| D | Others (Specify) | | | | | | |

| 13. Employment details | | | | | |
|------------------------|-----------|-------------|------------|----------|----|
| S.L | Post Held | Institution | University | Duration | |
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |

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)* |
|------|-----|-------------------------|-------------|---------------------|
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*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..... In

Dated.....

Signature & Seal of Head of Institution

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, in favor of Director, SGPGIMS, Academic account, payable at Lucknow
2. Self-certified copy of
 - a. Matriculation certificate/age proof or any authentic age proof certificate.
 - b. MBBS/MD/MS/DNB mark sheet/degree or pass certificate & MCI registration proof.
 - c. Certificate/Proof of MD/MS degree's recognition by MCI.
 - d. Caste certificate from competent authority within the last 6 months.