SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW REGIONAL CANCER CENTRE, DEPARTMENT OF RADIOTHERAPY

Short term Appointment for Senior Resident (Hospital Services) through WALK-IN-INTERVIEW ON 5th February, 2021

Applications are invited for vacant posts of Senior Residents (Hospital Services) the Department of Radiotherapy for a short term appointment for a period of 89 days. The details are as under:

SI. No.	Department	No. of Posts	Qualification
01.	Radiotherapy	02	M.D. or DNB (Radiotherapy). Degree must be recognized by the M.C.I.

- · Number of posts may be increased or decreased.
- Maximum age limit 37 years as on date of interview.
- Pay and allowances Rs.67700-208700/- and other allowances as per Institute rules.
- 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 5th February, 2021 (Friday) at 10:00 Am in the Department of Radiotherapy. The candidates must bring following documents for submission.
- 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.
- Candidate should fill the prescribed form available in the site of Institute before the interview.

Venue: Department of Radiotherapy (A-Block, Ground Floor, Main Hospital).

Date: 5th February, 2021 at 10:00 AM

PS: No TA / DA will be given for attending the interview.

(Dr. Punita Lal)

Professor and Head - Radiotherapy



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 selfsigned Passport-Size Photograph

Do not staple

	Details of Ban	k Draft			Signature of Candidate
					signature of curratate
1.	Department/Specialty				
2.	First Name	N	/liddle Name		Surname
John					
3.	Father's/Husband's Name				
	Mothers Name				
	Wiothers warne				
4.	Date of Birth(DD/MM/YY)		7/	1	Age as on date of
					application
5.	Gender: Male / Female	e / Transgender			
6.	Martial Status (Single=1, N	Narried=2, Widow	=3, Divorced=4, Se	eparated=5)	
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/ - 1	Mailing Address.			Phone	
				Mobil	e:
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8. P	ermanent Address (If differe	ent from above)		Phone	:
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9.	Category (SC=1_ST=2_OBC	=3 Gen=4\			
	Category (SC=1, ST=2, OBC	=3, Gen=4)			
9.	Category (SC=1, ST=2, OBC	=3, Gen=4)		1-2-	
			Date	Name of	Medical Council
10.	State of Domicile		Date	Name of	Medical Council
10.	State of Domicile	er (if applicable)			Medical Council
10.	State of Domicile MBBS Registration number Examination Institution	er (if applicable)	Date Academic Qualific Year	cations % Marks/	No. of
10. 11.	State of Domicile MBBS Registration number Examination Institution Passed	er (if applicable)	Academic Qualific	cations	
10.	State of Domicile MBBS Registration number Examination Institution	er (if applicable)	Academic Qualific	cations % Marks/	No. of
10. 11.	State of Domicile MBBS Registration number Examination Institution Passed	er (if applicable)	Academic Qualific	cations % Marks/	No. of

С	MD/MS/DNB*		5/45						MD/MS deg recognition status YES/N
)	Others (Specify)								
13	Employment deta	ils							
S.L	Post Held	Institutio	ution University				Duration		
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		Fro	om		То				
		De	ecla	ration of D	epen	dents			
Nan	ne	De		ration of D Relation wapplicant		dents Occupation	on*	Ir	ncome (P.M.)*
				Relation w			on*	Ir	ncome (P.M.)*
*wit	ne th proof. nployed, get your applic ificate: ified that undersigned h	Ag cation forwarde	ge d by	Relation wapplicant	vith	Occupation as	under Of	R provide a	NO Objection
*with the second	h proof. nployed, get your applic	cation forwarde	ge d by	Relation wapplicant	vith	Occupation of I	under Of	R provide a	NO Objection

final and binding on me.

Place & Date

Signature of the Candidate

Documents to be attached with the application from: 1. Bank draft of Rs 200/- in favor of Director, SGPGIMS, Academic account, payable at Lucknow 2. Self certified copy of Matriculation certificate/Age Proof or any authentic age proof certificate.

- 3. MBBS/MD/MS/DNB mark sheet/degree or pass certificate & MCI registration proof.
- 4. Certificate/Proof of MD/MS degree's recognition by MCI to be attached with application from.
- 5. Caste Certificate from competent authority within the last 6 months.