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

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

#### Notice regarding 01 year's Fellowship PDF-Programes

Applications are invited for vacant positions of Post Doctoral Fellow (PDF)-in following departments of the Institute.

S.No.	Name of Department	Specialty	Subject code	Seats
1.	Urology	Uro-Oncology	294	01
		Renal Transplantation Surgery	292	01
		Pediatric Urology	293	02
2.	Nephrology	Renal Transplantation Medicine	192	01
		Interventional Nephrology	193	01
3.	Cardiology	Interventional Cardiology	126	01
		Cardiac Electro Physiology	127	01
4.	C.V.T.Surgery	Pediatric Cardiac Surgery	132	01
		Minimally Invasive CVT Surgery	133	01
5.	Gastroenterology	Advanced Endoscopy	162	01
		GI Physiology	163	01
6.	Neurology	Neuro-Physiology	202	01
		Neuro Critical Care	203	01
7.	Neurosurgery	Pediatric Neurosurgery	212	01
		Neurosurgical Oncology	213	01
		Skull Base and Spine Surgery	214	01
		Cerebro Vascular Surgery	216	01
		Neurosurgical Tramatology	218	01
		Neurosurgical Critical Care	219	01
		Neuro Endoscopy	220	01
8.	Hematology	Bone Marrow Transplantation	323	02
9.	Pediatric Surgical Super specialties	Pediatric Surgical Gastroenterology	353	02
10.	Do	Pediatric Onco-Surgery	356	01
11.	Do	Pediatric Minimal Access Surgery	357	01

The candidates must possess recognized DM/M.Ch/DNB qualification in the respective specialty by the day of the Interview.

**For PDF in Bone Marrow Transplant** the requisite qualification besides DM (Clinical Hematology/Medical Oncology) would also include DNB(Hematology/Medical Oncology/FNB Pediatric Hemato-Oncology/Two years special training in Clinical Hematology, provided candidates have at least 3 years post MD-Medicine/Pediatrics training experience.

# https://www.freshersnow.com/sgpgims-recruitment-notification/

Interested aspirants are required to submit their application to the Executive Registrar of the Institute along with necessary documents latest by 10<sup>th</sup> December,2021.

<u>Application Fee</u>:-A bank draft of Rs.1000/-in favor of **Director**, **SGPGI** (**Academic Account**), **Account No. 10095237571**, **IFSC code No. SBIN0007789** payable at State Bank of India, **SGPGIMS Branch**, **Lucknow**.

**Age:** There is no upper age limit.

<u>Pay & Allowances:</u> He/She shall be paid Rs.71800/- per month (Level -11) plus NPA and other allowances as per Institute's rule.

<u>Qualification</u>: (DM/M.Ch/DNB) RECOGNISED by the Medical Council of India (except for degrees not covered by Medical Council of India, where the degrees must be recognized by the respective bodies that approve the qualifying courses). Postgraduate degrees from Departments/Institutions to which MCI recognition has not been formally granted (for example: under consideration) will not be considered and candidature of applicants with such degrees may be rejected at any stage (including after admission if this fact comes to notice at that stage).

#### **Requirements:**

Candidates are required to submit a write-up of about 200 words to describe the work done by him/her in the area, the reason for applying for PDF course and wants to do after PDF. They need to include complete and accurate addresses, contact numbers and emails of **two persons** who can act as referees' knowledgably.

#### **Interview:**

- 1. The date and time of the interview will be intimated to the aspirants from the office of Head, Department concerned via email/SMS at least 01 week before the interview.
- 2. No TA/DA will be paid to the candidates for attending the interview.

**Executive Registrar** 



### Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow 226014 Application Form for Post Doctoral Fellowship-2021-22

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

**Office Use	Only						
Screened By	(Name)			Paste same Photo here			
Eligible / Not Eligible				Prioto fiere			
<b>Provisional</b> F	or						
Detail of Transaction:			Bank Draft No: Transaction Date : Name of Issuing Bank:				
Candidate's Nan	 ne:*						
Contact No.:							
E-mail:							
Remark:							
Medical Council Registration Detail:*			Registration No.	ate Name of Medical Council			
Nationality:							
State of Domicil	e:*						
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Date of Birth:*							
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1.		PDF					
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District: State: Pin code: Academic Qual	lification: <b>C</b>	ertificato	e/Proof of MD/M	S Degree's ı	recognit	ion by	MCI to be	
Examination Passed	h application form		Board/University	Month/Year of Passing	% Marks	Subject/Specialty		
Matriculation								
MBBS								
MD/MS/DNB								
DM/M.Ch								
mployment Detail	:					ouration		
Post Held	Institution		University	Fı	From		То	-
eclaration of Depo	Age	Relation with applicant		Occupation			Income/Mor	nth
ttachments:								
Caste certificate (if a	applicable)	High School cer	High School certificate/proof of date of birth certificate					
ouncil Reg. Certificate (Medical)			Handicapped Co	Handicapped Certificates				
Sponsorship Certifica	ate		Any other relev	Any other relevant Certificates				
No Objection Certific	ate if Emplo	yed	Proof of MCI re	Proof of MCI recognized qualifying course				
ost graduation degree/ pass certificate/certificate of appearing in MD/MS examination								
hereby declare than				n are true, co				of

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.

Date: Signature of Candidate