



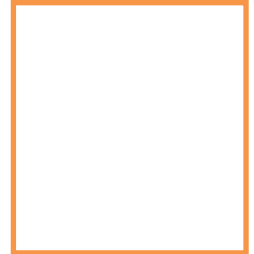
**SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES,
Raebareli Road Lucknow –226014 (India)**

APPLICATION FOR FACULTY POSITIONS

ADVT.NO.

POST APPLIED FOR

IN THE SPECIALITY OF



1. NAME IN FULL

.....
(CAPITAL LETTER) FAMILY NAME FIRST NAME MIDDLE NAME

2. NAME OF FATHER

3. NAME OF MOTHER

4. Mailing Address

.....
.....
.....
.....
.....

Phone No.

Mobile No.

e-mail:

5. Permanent Address

.....
.....
.....
.....
.....

Phone No.

Mobile No.

e-mail:

6. COUNTRY OF BIRTH.....COUNTRY OF CITIZENSHIP.....

7. DATE OF BIRTH
DAY MONTH YEAR AGE IN WHOLE NUMBERS COMPLETED

8. Gender (M/F)..... MARITAL STATUS
SINGLE/MARRIED/SEPRATED/DIVORCED/WIDOWED

9.CATEGORY

Scheduled Caste	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Scheduled Tribe	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Backward Class	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ex-Servicemen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Unreserved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

10. State of domicile

11. Examination passed (most recent first) date of appearing or passing, number of times attempted, grade/class/division obtained and institute/University from which passed may be mentioned. Where more than one professional examination are required to obtain a degree, information regarding each professional examination may be given (Matriculation onwards)

NO.	EXAMINATION	DATE	ATTEMPTS	GRADE	INSTITUTIONS/UNIVERSITY

12. PRIZES, MEDDLES, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession) giving brief description of the award.

NO.	DESCRIPTION

13. Professional Experience after obtaining prescribed qualification which makes you eligible for the post, title of the post held, date of joining, date of leaving, complete number of years spent (give in whole numbers), nature of post (involving practice, teaching and/or research) and emoluments per annum, for each post:

NO.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE MONTH/DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLUMENTS

14. Membership of Professional Societies/Bodies/Associations etc. Status whether fellow, member or associate member etc., name of the society, body or association etc. and date of enrollment:

No.	Status	Name	Date of Membership

15. Major Interests/Hobby/Extra-Curricular activities:

16. Research experience together with details of published works (attach separate sheets of the size of each of the following):

- a) Papers published.
- b) Papers under Publication.
- c) Professional Courses, Seminars/Workshop/Conferences attended.
- d) Paper presented at conference.
- e) Visiting Professorships to academic Institutions.
- f) Any other.

17. Professional Achievement. Print in not more than hundred words your professional achievements in the specialty for which applied:

18. Name of three referees who can testify your suitability for the post applied:

a) Name of Referee

.....
Designation Organization

.....
Street City Pin code

.....
Province/state Country Phone No.

b) Name of Referee

.....
Designation Organization

.....
Street City Pin code

.....
Province/state Country Phone No.

c) Name of Referee

.....
Designation Organization

.....
Street City Pin code

.....
Province/state Country Phone No.

19. Present Employment

.....
Designation Organization Annual Pay

20. What notice period would you require before joining (in month)

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 appointing Institute shall be final and binding on me.

Place
Date

Signature

INSTRUCTIONS TO THE CANDIDATE

This application will not be considered unless the following documents are attached to it or are received separately so as to reach the Executive Registrar, Sanjay Gandhi Postgraduate Institute of Medical Science, Rae Bareli Road, Lucknow 226014 on or before the last date fixed for the receipt of applications by registered/speed post:

- I. A certificate of Date of Birth.
- II. If belonging to scheduled caste/scheduled tribe/other backward class/ex-servicemen category etc. a certificate from competent authority in support of the claim, and proof of domicile of U.P.
- III. Academic records including an official certification of each degree earned from each institutions of higher learning attended and official transcripts of each examination passed (if the records are not in English/Hindi, a certified English/Hindi translation must be provided)
- IV. Official certification of distinctions, prizes, medals etc. received.
- V. Reprints of papers published/under publication which you claim to the post applied for.
- VI. Testimonials from three referees in support of your claim to the post applied for.
- VII. Address sheet duly filled.
- VIII. A declaration that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.
- IX. A non-refundable application fees of pound 50 or US \$ 100 in case of applicants from outside India or Rs. 1000/- in case of applicants with in India, in the form of demand draft in favour of "Director, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow Academic Account" and payable at Lucknow (India)
- X. The candidate in employment must get their application forwarded through proper channel. However, the advance copy should reach the Institute within the specified time limit.

The application and testimonials from the referees should be addressed to The Director Sanjay Gandhi Postgraduate Institute of Medical Sciences, Rae Bareli Road, Lucknow 226014, (UP) India.