



# किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०, लखनऊ - 226003

फोन : 91-0522-2258365 फैक्स : 91-0522-2257539 वेबसाइट : www.kgmcindia.edu.

पत्रांक १५२/M-Cell

दिनांक : ५/१/१९

## NOTICE

All the medical and dental graduates, if they are not already registered are hereby informed to fill the prescribed APPLICATION FORM and submit the same in the office of the undersigned, duly filled in, along with deposit receipt of prescribed fee of Rs. 500/- (five hundred rupees only) and self attested photocopy of their Mark sheets & Degrees. The fee is to be deposited in the Allahabad Bank, KGMU Branch, A/C No. **20229846433** IFSC code **ALLA0211028** through Cash/NEFT/RTGS. The prescribed Application Form is also available on University website- "www.kgmu.org".

It is an opportunity for MEDICAL and DENTAL GRADUATES of KGMC (erstwhile), CSMMU (erstwhile), KGMU and KGDU (erstwhile) for registering themselves as registered graduates so that they may be eligible to take active and sincere participation in the affairs and development of the University.

**Enclosure:** - Prescribed Application Form

(Rajesh Kumar Rai)  
Registrar

१४००/M-Cell

Copy forwarded for favour of wide publicity to:

1. Faculty I/C KGMU Website, KGMU, Lucknow.
2. All the Principals of Government Medical College, Kanpur, Allahabad, Jhansi, Meerut, Gorakhpur, Agara, Azamgarh, Ambedkar Nagar, Kannauj, Jalaun, U. P.
3. The Director, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow.
4. The Director, Uttar Pradesh University of Medical Sciences, Saifai, Etawah.
5. The Director, Dr Ram Manohar Lohia Institute of Medical Sciences, Gomti Nagar, Lucknow.
6. The Director, Central Drug Research Institute, Lucknow.
7. The Director, Industrial Toxicological Research Centre, Lucknow.
8. All Heads of the Department of K.G. Medical University, Lucknow.
9. The Finance Officer, K.G. Medical University, Lucknow.
10. A.P.S. to Hon'ble Vice-Chancellor for kind information to Hon'ble V.C.
11. All Notice Boards of this University.
12. Notice Book.

(Rajesh Kumar Rai)  
Registrar

**King George's Medical University, Lucknow**  
Application form for Entry of name in the Register of Graduates

To,

The Registrar,  
K.G's Medical University,  
Lucknow-226003

Sir,

I request that my name be entered in the Register of Graduates maintained under relevant clause of the first Statutes of the University.

I have remitted the prescribed fee of Rs.500/-Receipt of which is enclosed herewith in original.

Yours faithfully,

(Signature)

Date : .....

Name in Block letters: .....

Father's / Husband's Name: .....

Sex .....

Address (with Pin Code) : .....

Present occupation: .....

Year of Passing

Degree Examination

From this University

K.G. Medical University,

(Please attach attested

Photocopy of Mark-

Sheet/Degree).

Degree .....

Year .....

*Note:-*

1. According to provisions of Section 2(10) of the University Act " Registered graduate" means a graduate of the university registered in accordance with the statutes and includes a graduate who has acquired a medical degree as a student of the King George's Medical College before the appointed date.
2. Graduate applying for registration of their names are requested to inform the Registrar from time to time change in their permanent address or in occupation.

P.T.O.