King George's Medical University, U.P, Lucknow
Superintendent Office (Dental)
Gandhi Memorial & Associated Hospital

Ref. No 399 / SD/ 26

Date: 22 / 08 /26

SHORT TERM- APPOINTMENT FOR SENIOR RESIDENTS (Unregistered) (KGMU,)

THROUGH WALK-IN-INTERVIEW

WALK IN INTERVIEW ON 01st September 2026 (Tuesday)

As per the view of approval of the Hon'ble Vice Chancellor, a walk-in-Interview is being scheduled on 01.09.2026 (**Tuesday**) for the post of Senior Residents in the department of Oral and Maxilofacial Surgery Department, for the short term period of 89 days or till the further order of Director General, Medical Education & Training, UP or Vice Chancellor, KGMU Lucknow .

The details are as following:-

Date: 01.09.2026, Venue- Board Room, Dean Office, Faculty of Dental Sciences, KGMU

S.N.	Department	Post	Qualification	Timing
1-	Oral and Maxilofacial Surgery Department,	UR=01 SC=02 Total=03	MDS (Oral and Maxilofacial Surgery Department,) recognized by DCI	011:00 AM Onwards

General information:

1. Subject to vacancy available a maximum of 1 term of 89 days is permissible to a selected person.
2. Age: Maximum age limit 45 years as to be reckoned on the date of interview. Age relaxation to the candidates as per U.P. Govt. rules.
3. Pay & allowance: Allowance will be admissible as per University rules.
4. Candidates who have already completed three years Senior Residency may not be considered for the appointment.
5. No TA/DA will be given for attending interview.
6. Vice Chancellor, KGMU reserves the absolute to cancel the advertisement in part or whole, without assigning any reasons.
7. Category Reservation as per U.P. Govt. rules.
8. The candidates must bring following documents for submission:

a) Rs.3000 (Rs. Three Thousand only) will be submitted in the cash office, KGMU (PRO) or A/c 20229805622 (IFSC- IDIB000K656) at the time of walk-in-Interview.

b) Six recent passport size photographs.

c) Xerox copies of all relevant certificates and testimonials.

d) Candidates will also bring original documents for verification (**Marksheets of High school, BDS, MDS, Degree of BDS and MDS, Experience certificate & Publications (If any), Domicile Certificate, Cast certificate Aadhar card.**

(Dr.U.S. Pal)
Medical Superintendent
Dental, KGMU

Copy-

1. Concern HOD Dental department kgmu lucknow
2. The Dean, Faculty of Dental Science, KGMU, Lucknow
3. The Medical Superintendent, GM & AH, KGMU UP Lucknow
4. The Chief Medical Superintendent, GM&AH, KGMU, Lucknow,
5. The Registrar, KGMU, Lucknow
6. The Finance Officer, KGMU, Lucknow.
7. PS to Hon'ble Vice Chancellor, KGMU
8. The Incharge, Website, KGMU UP Lucknow to upload in the KGMU website.
9. I/C cash office,/FO kgmu,Up, lucknow
10 .All Notice Boards, kgmu

King George's Medical University, U.P, Lucknow
Superintendent Office (FODS)
Gandhi Memorial & Associated Hospital

Application Form for senior Resident (Un- registered)
Walk-In-Interview

Fixed Your Recent Photograf

1. Name Of Department.....
2. Name Of Candidate.....
3. Date of Birth(As Per High School Certificate).....
4. Age.....:yrs.....Month.....Days.....
5. Sex.....
6. Category (Gen/Ews/OBC/SC/ST).....
7. Name Of Collage (BDS).....
8. Entry In Year (BDS).....Year of Passing BDS.....
9. Entry Year in P.G.....Year of Passing P.G.....
10. Subject of P.G. :.....
11. DCI- Recognition statues of college (BDS/MDS).....
12. Total Mark of BDS.....Total Mark of MDS.....
13. Total Percentage of BDS..... Total Percentage of MDS.....
14. BDS Attempt certificate .....Passing attempt of PG Exam.....
15. P.G. Award & Medal (If any).....
16. BDS Award & Medal (If any).....
17. Any other Academic Experience/ Paper Published/ Conference attended et.(If any) .....
.....
18. Correspondence address of application.....
19. Permanent Address of applicant .....
.....
20. Mobile No.....
21. PAN .NO.....
22. Adhar No. .....
23. Mail ID.....

Applicant Candidate if employed get application forwarded by the head of the instruction as under OR attach a "No Objection Certificate".

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 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 University shall be final and binding on me.

Signature of the candidate

Documents to be attached with the application form :

Self-certificate copy of all relevant documents.
Matriculation certificate/ age proof or any authentic age proof certificate,
MBBS/MD/MS/M.Ch. mark sheet/degree or pass certificate & MCI/State Medical registration proof.
Certificate/ Proof of MBBS/MS/MD degree's recognition by MCI.
In case of reserve category candidate, certificate form competent authority issued within last 6 months of UP Govt.
Affidavit as required. I, Hereby declare that all

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Annexure -2

समक्षः- चिकित्सा अधीक्षक, दंत संकाय,
किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

शपथ-पत्र

1. मै. शपथी .....आयु लगभग.....वर्ष पुत्र/पुत्री श्री..... निवासी ..... का/ की हूँ Walk-in-interview dt..... vide advertisement no..... के माध्यम से अल्प अवधि हेतु चयन..... .....के अन्तर्गत हुआ है तथा यह घोषणा करता / करती हूँ कि :-.

• 2. यह कि मैं Walk-in-interview dt..... .....vide advertisement no से चयनित होकर किसी कालेज / विश्वविद्यालय में कहीं भी अध्ययनरत नहीं हूं और न ही मेरे द्वारा Private Practice की जा रही है, यदि ऐसा पाया जाये तो मेरा Walk-in-interview के माध्यम से चयन निरस्त कर दिया जाये जिस पर मुझे कोई आपत्ति नहीं होगी।

3. यह कि Walk-in-interview के द्वारा अल्प अवधि चयन के संदर्भ में मेरे द्वारा दी गयी सूचना / विवरण / प्रमाण-पत्र / घोषणा आदि असत्य, पाया जाये तो मैं स्वयं ही दोषी माना / मानी जाऊंगा / जाऊंगी और मेरा चयन किये जाने पर मुझे कोई आपत्ति नहीं होगी।

4. यह कि किसी भी स्थिति में कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ का निर्णय अन्तिम होगा और में उसके लिये बाध्य रहँगा/रहूँगी।

5. यह कि मैं विश्वविद्यालय को निर्धारित (प्रेस्काइन्ड) ड्रेस तथा हास्पिटल में कार्य हेतु सफेद अप्रेन पहनकर आऊँगा / आऊँगी, जिस पर मेरा नाम अंकित होगा एवं विश्वविद्यालय द्वारा जारी किया गया परिचय पत्र (आइडेन्टिटी कार्ड) विश्वविद्यालय अथारिटी द्वारा माँगने पर प्रस्तुत करने के लिए सदैव बाध्य हो होऊँगा / होऊँगी।

दिनांकः

स्थानः

पूरा पताः-

शपथी का पूरा हस्ताक्षर

नामः-

पिता का नाम

श्रेणी

Annexure -1

समक्ष:- चिकित्सा अधीक्षक, दंत संकाय,,

किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

शपथ-पत्र

मैं शपथी..... आयु लगभग..... वर्ष पुत्र/पुत्री श्री..... निवासी..... .....शपथपूर्वक निम्न बयान करता/करती हूँ:-

1. यह कि मेरा Walk-in-interview dt..... .....vide advertisement no.. .....dt के माध्यम से अल्प अवधि हेतु चयन -..... .....के अन्तर्गत हुआ है।

2. यह कि मेरे द्वारा जो जाति प्रमाण पत्र संख्या,..... ..... दिनांक..... ..... तहसील..... जिला:..... Walk-in-interview के आवेदन हेतु दाखिल किया गया है, वह सही है। यदि उपरोक्त जाति प्रमाण पत्र किसी भी प्रकार से गलत / झूठा पाया जाता है तो मेरा चयन किसी पूर्व सूचना के निरस्त कर दिया जाये तदानुसार भारतीय दण्ड संहिता के अन्तर्गत आवश्यक कार्यवाही प्रारम्भ की जा सकती है,

शपथी

सत्यापन

मै शपथी उपरोक्त सत्यापित करता/करती हूँ कि शपथ पत्र में वर्णित तथ्य मेरे निजी ज्ञान से सत्य एवं सही है. कोई भी तथ्य छिपाया नही गया है। आज दिनांक-..... .....को लखनऊ में उपस्थित होकर अपने हस्ताक्षर बनायें।

शपथी