



King George's Medical University
Office of the Medical Superintendent,
Gandhi Memorial & Associated Hospitals, UP, Lucknow-226003

Ref. No. 3476 /SR/JR/2026

Dated : 31 / 01 / 2026

**Short Term Recruitment for Senior Resident (Un-reg.)
and Non PG Junior Resident
Through Walk-in-interview
Walk-in-interview on 9th February 2026**

Applications are invited for vacant post of Senior Resident (Un-registered) and Junior Resident (Non PG Junior Resident) in the following department. The details are as below:-

Date of Interview : 9th February, 2026
Reporting Time : 01:30 P.M.
Walk-in-interview start : 02:00 P.M.
Venue : Committee Hall,
Medical Superintendent Office, G.M. & A.H.,
King George's Medical University, Lucknow

Details of available seats (Seat Matrix)

Senior Resident (Un-registered) or D/G Non PG Junior Resident :

Sl. No.	Name of Department	Vacant seat category					Total
		UR	OBC	SC	ST	EWS	
1	Nephrology	01	01	--	--	--	03
2	Plastic Surgery	04	04	--	--	--	08
3	Critical Care Medicine	02	01	01	--	01	05

General Information:

- These seats may vary as per further DGME UP, Lucknow adjustment under compulsory Govt. Service Bond vide G.O. No. 950/71-2-82/2017 dt. 07th March, 2018.
- Number of posts advertised may increase or decrease at the time of interview.
- Pay and allowances as per University rules.
- No T.A./ D.A. will be given for attending the interview.
- Vice Chancellor reserves the absolute discretion to cancel the advertisement in part or whole, without assigning any reason.
- **Walk-in-interview fee is Rs. 3,000/- for Unreserved (UR) & OBC candidate and Rs. 2,000/- for SC & ST candidate, applicants will be deposited as below details:** (Bring one set Xerox copies of all relevant certificate and testimonials and originals for verification at the time of interview.

Name of Bank & Branch	Indian Bank, KGMU, Lucknow
Account Number	20229846433
IFSC code	IDIB000K656
Account Name	University Income Fund

- Last date of submitting of application is 5th February 2026.
- In case of selection, Affidavite are required as per annexure (1 to 3) on Rs. 10/- e-stamp paper regarding previous experience and caste certificate at the time of joining.
- Candidate should download the application form attached herewith & available on KGMU website and submit duly filled up along with self certified copy of the document latest by 5th February 2026 in the office of the Medical Superintendent.

Information for Senior Resident (Un-reg.) :

1. The candidates should have passed M.D./M.S./DNB (for Senior Resident) recognized by MCI/NMC.
2. Max. Age limit 45 years for Senior Resident as per NMC rules.



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Information for Non PG Junior Resident :

A THE ELIGIBILITY CRITERIA :-

- a. The candidates should have passed MBBS (including completion of Internship) or equivalent degree recognized by MCI.
- b. **Age :** The upper age limit for eligibility of **Junior Resident (Non Academic)** is **40 years as reckoned on date of Interview**. Age relaxation to a maximum of 5 years may be given to SC/ST/OBC candidates having domicile of Uttar Pradesh, and to widowed/ divorced/ legally separated women who have not re-married, and to disabled/ handicapped persons, as per Government rules of Senior Resident posts only.
- c. **Candidates can apply for these posts only upto 5 years from their internship completion dates.**
- d. **Reservation:** Reservation will apply as per UP Government rules. Only candidates having domicile of Uttar Pradesh will be eligible for the benefit of reservation. Reserved category candidates having domicile other than Uttar Pradesh will be treated as unreserved category candidates for all purposes. Reserved category candidates should produce certificate of their category in the prescribed format available on website hosted by the State Government. The certificate should be only for OBC candidates less than 6 months old. State Medical Registration is mandatory before joining, if selected.
- e. **For all eligible candidates, maximum 36 month services (total) are allowed (maximum 18 month service allowed in one department).**

**Medical Superintendent,
GM & Associated Hospitals,
KGMU, Lucknow.**

Distributions:

1. The Registrar, KGMU, Lucknow.
2. The Finance Officer, KGMU, Lucknow.
3. The Chief Medical Superintendent, GM & AH, KGMU, Lucknow
4. Concerned HOD, KGMU, Lucknow
5. Faculty In-charge, IT Cell, KGMU, Lucknow with the request to upload above advertisement notice on KGMU website (Website@kgmcindia.edu)



Annexure-1
(for Senior Resident (Un-reg.) and Non Bond Non PG JR)

समक्ष:- चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

शपथ-पत्र

मै, शपथी.....आयु लगभग.....वर्ष पुत्र/पुत्री
श्रीनिवासी.....
.....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 नहीं गया है। आज दिनांक.....
.....को लखनऊ में उपस्थित होकर अपने हस्ताक्षर बनायें।

शपथी



Annexure-2
(for Senior Resident (Un-reg.) and Non Bond Non PG JR)

समक्ष:- चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

शपथ-पत्र

1. मैं, शपथी.....आयु लगभगवर्ष पुत्र/पुत्री
श्रीनिवासी.....
.....का/की
हूँ। Walk-in-interview dt. vide advertisement no.
.....dt 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.
.....dt से चयनित होकर किसी कालेज/विश्वविद्यालय में
कहीं भी अध्ययनरत नहीं हूँ 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 मैं उसके लिये बाध्य रहूँगा/रहूँगी।
5. यह कि मैं विश्वविद्यालय को निर्धारित (प्रेस्काइप्ड) 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।

दिनांक:

स्थान:

पूरा पता:-

शपथी का पूरा हस्ताक्षर

नाम:-

पिता का नाम

श्रेणी



Annexure-3
(for Non Bond Non PG JR)

समक्ष:- चिकित्सा अधीक्षक, गॉंधी स्मारक एवं सम्बद्ध चिकित्सालय,
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.....शपथपूर्वक निम्न बयान
करता/करती हूँ:-

1. यह कि मेरा Walk-in-interview dt.vide advertisement no.
.....dt के माध्यम से अल्प अवधि (..... दिवस) हेतु
चयन के रूप में हुआ है।
2. यह कि मैंने नान पी0जी0 जूनियर रेजीडेण्ट के रूप में वर्ष/माह
की अवधि तक किंग जार्ज चिकित्सा विश्वविद्यालय / अन्य किसी चिकित्सीय संस्थान/
प्राइवेट प्रैक्टिस अथवा सेना सेवा में कार्य किया है।
3. यह कि मुझे नान पी0जी0 जूनियर रेजीडेण्ट (नान बाण्ड) के रूप में कार्य करते हुए 36
माह से अधिक का समय नहीं हुआ है। यदि उपरोक्त कथन किसी 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।
4. यह कि मुझे MBBS (after completion of Internship) किये हुए 05 वर्ष से अधिक का
समय नहीं हुआ 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 नहीं गया है। आज दिनांक.....को
लखनऊ में उपस्थित होकर अपने हस्ताक्षर बनायें।



Application form for Senior Resident (Un-registered)
Walk-in-interview

1. Name of Department Choice for Interview
2. Name of candidate :
3. Date of Birth (as per High School certificate)
4. Age : yrs. Months days
5. Sex :
6. Category (Gen/EWS/OBC/SC/ST/PH)
7. Name of College (MBBS):
8. Entry year in MBBS : Year of passing of MBBS
9. Entry year in P.G. : Year of passing of P.G.
10. Subject of P.G. :
11. MCI-Recognition statues of College (MBBS / PG)
12. Total Marks of MBBS : Total marks of PG
13. Total percentage of MBBS : Total percentage of PG
14. MBBS attempt certificate: Passing attempt of PG exam.
15. P.G. Award & Medal (if any)
16. MBBS Award & Medal (if any)
17. Any other Academic Experience/ Paper Published/ Conference attended etc. (if any)
18. Correspondence address of applicant
19. Permanent address of applicant
20. Mobile No. :
21. PAN No. :
22. Aadhar No. :
23. E mail ID :

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Photograph

Applicant candidate if employed, get your 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 from competent authority issued within last 6 months of UP Govt.
- Affidavits as required





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2. Name of candidate :
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4. Age : yrs. Months days
5. Sex :
6. Category (Gen/EWS/OBC/SC/ST/PH)
7. Name of College (MBBS) :
8. Entry year in MBBS :
9. MBBS completion year :
10. MBBS Passing out certificate/ Degree
11. MCI-Recognition statues of College
12. Total Marks of MBBS :
13. Total percentage of MBBS :
14. MBBS attempt certificate :
15. Hospital/ College/ University name of Internship completion
16. Period of Internship :
17. MBBS Award & Medal (if any)
18. Any other Academic Experience/ Paper Published/ Conference attended etc. (if any)
:
19. Correspondence address of applicant
:
20. Permanent address of applicant
:
21. Mobile No. :
22. PAN No. :
23. Aadhar No. :
24. E mail ID :

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- Affidavite as required.

