KING GEORGE'S MEDICAL UNIVERSITY, UP., LUCKNOW
OFFICE OF THE SUPERINTENDENT
GANDHI MEMORIAL & ASSOCIATED HOSPITALS,
UTTAR PRADESH, LUCKNOW-226003

No. 16213.../SIR/2024  Date: 24/06/2024

Short Term appointment for Senior Resident (Un-registered) and
Junior Resident (Non PG JR)
Through Walk-in Interview

Walk-in Interview on 02nd July 2024 (Tuesday)

Applications are invited for vacant posts of Senior Resident (Un-registered) and Junior Resident
(Non PG Junior Resident) in the following departments for Short-Term appointment. The details are as
under:

Date of Interview : 02nd July 2024 (Tuesday)
Reporting Time : 11:00 AM
Walk-in interview start : 11:30 A.M.
Venue : Committee Hall, Medical Superintendent Office,
GM & AH, Lucknow.

Details of available seats (Seat Matrix)
Senior Resident (Un-registered) Seats & D/G Non PG Junior Resident

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Specialty</th>
<th>Details of seats</th>
<th>Total Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Critical Care Medicine</td>
<td>UR 04</td>
<td>OBC 03</td>
</tr>
<tr>
<td>2.</td>
<td>Pulmonary &amp; Critical Care Medicine</td>
<td>UR 02</td>
<td>OBC 02</td>
</tr>
</tbody>
</table>

- These Seats may vary as per further DGME UP, Lucknow adjustment under compulsory Govt. Service Bond

General Information:-
1. Number of post advertised may increase or decrease at the time of interview. The candidates should have
   passed M.D./M.S. (for Senior Resident) and MBBS (including completion of Internship) degree (for Non PG
   Junior Resident) recognized by MCI.
2. Age as per NMC rules.
3. Pay & allowances-as per University rules.
4. No TA/DA will be given for attending interview.
5. In case of reserve category candidate, caste certificate from competent authority issued last 6 month.
6. Vice Chancellor reserves the absolute discretion to cancel the advertisement in part or whole, without
   assigning any reason.
7. Walk-in interview fee is Rs. 3,000/- for Unreserved (UR) & OBC candidate and Rs. 2000/- for SC & ST
   candidate applicants will be deposited as below details:-

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Indian Bank, KGMU, Lucknow.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account No.</td>
<td>20229846433</td>
</tr>
<tr>
<td>IFSC Code</td>
<td>IDIB000K656</td>
</tr>
<tr>
<td>Account Name-</td>
<td>University Income Fund</td>
</tr>
</tbody>
</table>

8. Bring one set Xerox copies of all relevant Certificate & testimonials and originals for verification at
   the time of interviews.
9. Last date of submitting application is 01st July 2024.
10. Candidates should download the application form attached herewith & available on KGMU website
    & submit duly filled up along with self-certified copy of the document latest by dt. 01st July 2024.
11. Interested candidates are required to apply for a walk-in interview through below link:-

Medical Superintendent
G.M. & Associated Hospital,
Lucknow.

Distributions:-
1. Chief Medical Superintendent, GM&AH, KGMU, Lucknow.
2. The Registrar, KGMU, Lucknow.
3. The Finance Officer, KGMU, Lucknow.
4. Head, Department of concern department.
5. PS to Hon'ble Vice Chancellor.

Copy to Faculty In charge, I.T. Cell, KGMU, Lucknow with the remarks to upload above
advertisement notice on KGMU website. (Website@kgmucindia.edu)
Application form for Junior Resident (Non PG JR)
Walk-in-interview

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

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.
• UG & PG degree or pass certificate & MCI/State Medical registration proof.
• Certificate/ Proof of UG/PG degree’s recognition by MCI.
• In case of reserve category candidate, caste certificate form competent authority issued within last 6 months of UP Govt.
Application form for Senior Resident (Un-registered)
Walk-in-interview

1. Name of candidate: .................................................................

2. Date of Birth (as per High School certificate): ..................................

3. Age: .......... yrs. ......... Months .......... days

4. Sex: ........................................................................

5. Category (Gen/EWS/OBC/SC/ST/PH): ...............................................

6. Name of College (MBBS): ......................................................

7. Entry year in MBBS: ...................................................... Year of passing of MBBS

8. Entry year in P.G.: ...................................................... Year of passing of P.G.

9. Subject of P.G.: .................................................................

10. MCI-Recognition statues of College (MBBS / PG): .................................................................

11. Total Marks of MBBS: .......................................................... Total marks of PG

12. Total percentage of MBBS: .................................................. Total percentage of PG

13. MBBS attempt certificate: .................................................. Passing attempt of PG exam

14. P.G. Award & Medal (if any): ................................................

15. MBBS Award & Medal (if any): ................................................

16. Any other Academic Experience/ Paper Published/ Conference attended etc. (if any): .................

17. Correspondence address of applicant: ........................................

18. Permanent address of applicant: ..............................................

19. Mobile No.: ........................................................................

20. PAN No.: ........................................................................

21. Aadhar No.: ........................................................................

22. E mail ID: ........................................................................

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
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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, caste certificate form competent authority issued within last 6 months
  of UP Govt.