



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

Ref. No. 21695 /SR/2026

Dated : 21 / 07 / 2026

Short Term Recruitment for Senior Resident (Un-reg.)
Through Walk-in-interview
Walk-in-interview on 29th July, 2026

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

Date of Interview : 29th July, 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)

Sl. No.	Name of Department	Vacant seat category					Total
		UR	OBC	SC	ST	EWS	
1	Radio-diagnosis	01	05	02	--	--	08
2	General Surgery	--	04	03	--	--	07
3	Paediatric Orthopaedic	--	01	--	--	--	01
4	Anaesthesiology	05	04	05	--	02	16

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 27th July, 2026.**
- **In case of selection, Affidavite are required as per annexure (1 & 2) 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 **27th July, 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.

Contd.....2.....

[Signature]



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.....2.....

3. **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.


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

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

शपथ-पत्र

मै, 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 तदनुसार भारतीय दण्ड संहिता के अन्तर्गत आवश्यक कार्यवाही प्रारम्भ की जा सकती है।

सत्यापन

शपथी

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

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 (प्रेस्क्राइप्ड) 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 जाऊँगा/जाऊँगी।

दिनांक:

स्थान:

पूरा पता:-

शपथी का पूरा हस्ताक्षर

नाम:-

पिता का नाम

श्रेणी



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 :

Fixed your
recent
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.

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

Signature of the candidate