

King George's Medical University Office of the Medical Superintendent,

Gandhi Memorial & Associated Hospitals, UP, Lucknow-226003

Ref. No. 3.895 ../SR/JR/2025

Short Term Recruitment for Senior Resident (Un-reg.) and Non PG Junior Resident Through Walk-in-interview Walk-in-interview on 4th October 2025

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

4th Octobber, 2025

Reporting Time

01:30 P.M. 02:00 P.M.

Walk-in-interview start

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):

| S1. | Name of Department | | Vacant seat category | | | | | Total |
|-----|---------------------|-----|----------------------|-------|----|----|----------|-------|
| No. | C-1 AND | U | R | OBC | SC | ST | EWS | |
| 1 | Obst. & Gynaecology | C | 1 | 02 | 01 | | 01 | 05 |
| 2 | Ophthalmology | | All some | 01 | 02 | | 2.00 | 03 |
| 3 | Urology | C | 1 | . 2-1 | 01 | 01 | 2 600 10 | 03 |
| 4 | Sports Medicine | e C | 1 | T | - | | | 01 |

> These seats may vary as per further DEME UP, Lucknow adjustment under compulsory Govt. Service Bond vide G.O. No. 950/71-2-82/2017 dt. 07th March, 2018.

General Information:

- 1. Number of posts advertised may increase of decrease at the time of interview.
- 2. The candidates should have passed M.D./M.S./DNB (for Senior Resident) and MBBS (including completion of Internship) degree (for Non-PG Junior Resident) recognized by MCI/NMC.
- 3. Age as per NMC rules.
- 4. Pay and allowances as per University rules.
- 5. No T.A./ D.A. will be given for attending interview.
- 6. In care of reserve category candidate, caste certificate from competent authority issued last 6
- 7. Vice Chancellor reserves the absolute discretion to cancel the advertisement in part or whole, without assigning any reason.
- 8. 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 |

9. Last date of submitting of application is 3rd October, 2025.

10. 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 3rd October, 2025 in the office of the Medical Superintendent.

> Medical SuperIntendent, GM & Associated Hospitals, KGMU, Lucknow.

Distributions:

- 1. The Registrar, KGMU, Lucknow.
- The Finance Officer, KGMU, Lucknow.
 The Chief Medical Superintendent, GM & AH, KGMU, Lucknow
- 4. Conderned 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)



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

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

| 1. | Name of candidate | 1 | | | | | |
|-----|--|--|------------|--|--|--|--|
| 2. | Date of Birth (as per | High School certificate) | Fixed your | | | | |
| 3. | Age | : yrs Months days | recent | | | | |
| 4. | Sex | : | Photograph | | | | |
| 5. | Category (Gen/EWS/ | OBC/SC/ST/PH) | | | | | |
| 6. | Name of College (MI | BBS): | | | | | |
| 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 sta | tues of College (MBBS / PG) | | | | | |
| 11 | Total Marks of MRR | Total marks of PG | | | | | |
| 12. | Total percentage of N | MBBS: Total percentage of PG | | | | | |
| 13. | MBBS attempt certif | icate: Passing attempt of PG exam | | | | | |
| | D.C. Award & Madal | (if any) | | | | | |
| 15. | MBBS Award & Me | dal (if any) | | | | | |
| 16. | Any other Academic | Experience/ Paper Published/ Conference attended etc. (if any) | | | | | |
| | . 35 | | | | | | |
| 17 | Correspondence addr | ress of applicant | | | | | |
| | The state of the s | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1.0 | Dominant address of | f applicant | | | | | |
| 18. | remailent address of | approant. | | | | | |
| | 2.11.21 | : | | | | | |
| | | | | | | | |
| 20. | PAN No. | | ••••• | | | | |
| 21. | Aadhar No. | | | | | | |
| 22. | E mail ID | · | | | | | |
| Ap | 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 care of reserve category candidate, caste certificate form competent authority issued within last 6 months of UP Govt.



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

Application form for Junior Resident (Non PG JR) Walk-in-interview

| ı. | Name of Department Cho | oice for interview | | | | |
|----|------------------------------|---|----------------------|--|--|--|
| 2. | Name of candidate : | | | | | |
| 3. | Date of Birth (as per High | School certificate) | Fixed your | | | |
| 4. | 2 | yrs Months days | recent Photograph | | | |
| | Sex : | WENSITY UTTA | Thotograph | | | |
| | Category (Gen/EWS/OB | C/SC/ST/PH) | | | | |
| 7. | Name of College (MBBS) | 1 | | | | |
| | Entry year in MBBS: | | | | | |
| 9. | MBBS completion year | : | | | | |
| 10 | . MBBS Passing out certific | cate/ Degree | | | | |
| 11 | . MCI-Recognition statues of | of College | ··········· | | | |
| | . Total Marks of MBBS | | | | | |
| 13 | . Total percentage of MBBS | S: | ., | | | |
| 14 | . MBBS attempt certificate | : | | | | |
| 15 | . Hospital/ College/ Univers | sity name of Internship completion | | | | |
| 16 | . Period of Internship | : | | | | |
| | | f any) | | | | |
| 18 | | erience/ Paper Published/ Conference attended etc. (if any) | | | | |
| | : | | | | | |
| 19 | Correspondence address o | of applicant | | | | |
| 20 | Permanent address of appl | licant | | | | |
| 21 | . Mobile No. | : | | | | |
| | 2. PAN No. | | | | | |
| | 3. Aadhar No. | · | | | | |
| | 4. E mail ID | · | | | | |
| 4- | 1. L IIIIII 12 | | | | | |

Declaration

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