



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

Ref. No. 3689/JR/2026

Dated : 23/02/2026

**Short Term Recruitment Medical Physicist (Non-medico)
Through Walk-in-interview
Walk-in-interview on 10th February 2026**

Applications are invited for vacant post of Medical Physicist (Non-medico) in the following department. The details are as below:-

Date of Interview : 10th 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

Medical Physicist (Non-medico) :

Sl. No.	Name of Department	Vacant seat category					Total	Qualification
		UR	OBC	SC	ST	EWS		
1	Nuclear Medicine	01	--	--	--	--	01	M.Sc. in Nuclear Medicine from recognized University/ Institute OR M.Sc. in any Science Branch with Diploma in Fusion Imaging Technology (DEFT), Diploma in Medical Radioisotope Techniques (DMR), Diploma in Nuclear Medicine Technology OR Equivalent approved by AERB
2	Radio-therapy	01	--	--	--	--	01	

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 9th February 2026.**
- **In case of selection, Affidavite are required as per annexure (1) on Rs. 10/- e-stamp paper regarding previous experience and caste certificate at the time of joining.**
- **Age :** The upper age limit for eligibility is 40 years as reckoned on date of Interview.
- 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 **9th February 2026** in the office of the Medical Superintendent.

Distributions:

1. The Registrar, KGMU, Lucknow.
2. The Finance Officer, KGMU, Lucknow.
3. 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)

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



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

Application form for Medical Physicist (Non-medico)
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 (M.Sc.) :
8. Entry year in M.Sc. :
9. M.Sc. completion year :
10. M.Sc. Passing out certificate/ Degree
11. Recognition statuses of College
12. Total Marks of M.Sc. :
13. Total percentage of M.Sc. :
14. M.Sc. attempt certificate :
15. Hospital/ College/ University name of Internship completion
16. Period of Internship :
17. M.Sc. 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 :

Fixed your
recent
Photograph

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.
- M.Sc. degree or pass certificate etc.
- Certificate/ Proof of M.Sc. degree's recognition.
- In case of reserve category candidate, certificate from competent authority issued within last 6 months of UP Govt.
- Affidavite as required.



Annexure-1

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

शपथ-पत्र

6. 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 :-
7. 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।
8. 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।
9. यह कि किसी भी स्थिति में कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ का
निर्णय अन्तिम होगा और मैं उसके लिये बाध्य रहूँगा/रहूँगी।
10. यह कि मैं विश्वविद्यालय को निर्धारित (प्रेसक्राइप्ड) 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 मॉगने पर
प्रस्तुत करने के लिए सदैव बाध्य हो जाऊँगा/जाऊँगी।

दिनांक:

स्थान:

पूरा पता:-

शपथी का पूरा हस्ताक्षर

नाम:-

पिता का नाम

श्रेणी