



**DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES,
GOMTI NAGAR, LUCKNOW-226 010**

Phone no: 0522 4918555, 4918504, 2991411 **Fax n.** 0522 4918506 **Website:** www.drrmlims. in
Ref. 422 /CMS/RMLIMS/2021 **Date:** 17 .11.2021

Notice regarding 01 year Fellowship PDF-Endovascular Neurosurgery in the Department of Neurosurgery

Applications are invited for 01 vacant position of Post Doctoral Fellow (PDF)-_Endovascular Neurosurgery in Neurosurgery Department of the Institute. The candidates must possess recognized M.Ch/DNB qualification in the respective specialty by the day of the Interview. Interested aspirants are required to submit their application to the Chief Medical Superintendent of the Institute along with necessary documents latest by 03 December2021.

Application Fee:-A bank draft of Rs. 2000/-in favor of **Director, DR. RMLIMS (Academic Account) Lucknow, Account No. 17730108888888, IFSC code No. IOBA0001773 payable at Indian Overseas Bank, Vibhuti Khand, Lucknow.**

Age: There is no upper age limit.

Pay & Allowances: His/her Pay in the level-11 will be Rs.71800/- per month plus NPA and other allowances as per Institute's rule.

Qualification: (M.Ch/DNB) RECOGNISED by the NMC/Medical Council of India (except for degrees not covered by Medical Council of India, where the degrees must be recognized by the respective bodies that approve the qualifying courses). Postgraduate degrees from Departments/Institutions to which MCI recognition has not been formally granted (for example: under consideration) will not be considered and candidature of applications with such degrees may be rejected at any stage (including after admission if this fact comes to notice at that stage).

Requirements:

Candidates are required to submit a write-up of about 200 words to describe the work done by him/her in the area, the reason for applying for PDF course and wants to do after PDF. They need to include complete and accurate addresses, contact numbers and emails of **two persons** who can act as referees' knowledgably.

Interview:

1. The date and time of the interview will be intimated to the aspirants from the office of Head, Department concerned via email.
2. No TA/DA will be paid to the candidates for attending the interview.

Director



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Advt. No: /2021

****Office Use Only**

Screened By(Name)

Eligible / Not Eligible

Provisional For

Paste same
Photo here

Detail of Transaction: Bank Draft No: Transaction Date :
Name of Issuing Bank:

Candidate's Name:*

Contact No.:

E-mail:

Remark:

Medical Council Registration Detail: * Registration No. Date Name of Medical Council

Nationality:

State of Domicile:*

Category:*

Date of Birth:*

Subject Detail:*

SI.No	Specialty	Program	Duration
1.	Endovascular Neurosurgery	PDF	One Year

Father's/Husband's Name:*

Father's/Husband's Occupation:*

Marital Status:*

Gender:*

Mailing Address:*

Address: Line 1:
Line 2:

District:
State:
Pin code:

Permanent Address:

Address: Line 1:
Line 2:

District:
State:
Pin code:

Academic Qualification: **Certificate/Proof of MD/MS Degree's recognition by MCI to be**



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attached with application form

Examination Passed	Name of Institution/College	Board/University	Month/Year of Passing	% Marks	Subject/Specialty
Matriculation					
MBBS					
MD/MS/DNB					
DM/M.Ch					

Employment Detail:

Post Held	Institution	University	Duration	
			From	To

Declaration of Dependents:

Name	Age	Relation with applicant	Occupation	Income/Month

Referees:-

Sl.No.	Name	Institute & Address	Contact No. & Email
1			
2			

Attachments:-

1- High School certificate/proof of date of birth certificate	2- Post graduation degree/ pass certificate/certificate of MD/MS & DM/MCH/DNB examination.
3- Proof of NMC/MCI recognized qualifying course (Council Reg. Certificate)	4- Caste certificate (if applicable)
5- Handicapped Certificates	6- No Objection Certificate if Employed

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 affirm 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 Institute shall be final and binding on me.

Place:

Date:

Signature of Candidate

Signature & Seal of Head of Institution



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