



राजकीय आयुर्विज्ञान संस्थान
GOVERNMENT INSTITUTE OF MEDICAL SCIENCES
Kasna, Greater Noida, Gautam Buddha Nagar
Contact No- 0120-2341738, 9999384468
Email ID- recruitmentcell@gims.ac.in website- www.gims.ac.in
(An Autonomous Institute under UP Government)

Advt. No.: GIMS/2025/Misc./06

Date: 25/03/2025

Fellowship in Diabetes Mellitus

GIMS, Greater Noida invites application from eligible candidates for fellowship in Diabetes Mellitus. The details are as follows:

Duration	Training Type	Stipend	No of Seats	Essential Qualifications
6 Months Program	Hands on training	Stipend of JR as admissible as per UP Govt.	02	MBBS degree from a university recognized by Medical Council of India (MCI)

Essential Qualifications:

MBBS degree from a university recognized by Medical Council of India (MCI)

Desirable Qualifications:

Doctor in Medicine (MD)- General Medicine
Publications in the field of Diabetes and Metabolic disorders

Age limit:

Less than 40 Years as on the date of application submission

GENERAL TERMS AND CONDITIONS:

- Last date submission of application: 15.04.2025**
- Date, Time and Place of Interview: Will be intimated to the shortlisted candidates

GOVERNMENT INSTITUTE OF MEDICAL SCIENCES, GREATER NOIDA

APPLICATION FORM FOR FELLOWSHIP IN DIABETES MELLITUS

1- Full Name of Applicant in block letters:

2- Father's/Husband's Name in block letters:

3- Postal Address:

State:																			
Pin Code:																			
Contact Number (Mobile):																			

4- E-Mail ID:

5- Permanent Address:

State:																			
Pin Code:																			
Contact Number (Mobile):																			

6- Date of Birth

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 ____Year ____Month

7- Gender: Male / Female

8- Educational Qualifications:

Name of Examination	Subject / Discipline / Speciality	University / Institute / College	Year of Passing Final Examination	Marks Obtained / Out of	Percentage

9- Work Experience if any:

Sr. No.	Name of the Institute / College	Name of the Post	Period	Nature of Work

10- Publications if any: Attach Annexure

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Date:

Place:

Candidate Name & Signature

Enclosures:

Graduate Certificates	Yes / No
Post Graduate Certificates (if any)	Yes / No
Experience Certificates (if any)	Yes / No
Publications (if any)	Yes / No
Aadhar Card	Yes / No