



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/Manpower/16

Date:23/09/2025

Fellowship in Neonatology

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

Student	Doctors	Nurses
Duration of Course	MD/DNB – 1 Year / DCH – 1.5	B. Sc. Nursing – 1 Year
Department	Neonatology	Neonatology
Date of commencement	From the date of joining	From the date of joining
No. of seat for session 2025-26	01 UR	04 UR
Upper Age Limit	50 years	50 years
Salary	As per admissible by UP Govt.	Nurses - Salary Rs. 25000/- (consolidated)
Method of selection	Interview on I and III Monday of every month on vacant post	Interview on I and III Monday of every month on vacant post
Qualification	MD/DNB Paediatrics/DCH	B. Sc. Nursing / General Nursing with or without Midwifery
Application	Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to gimsgnoida16@gmail.com prior to 5 PM on 20-10-2025 (For more details, please see the Institute Website- www.gims.ac.in) Application form fee- Rs1000/-	Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to gimsgnoida16@gmail.com prior to 5 PM on 20-10-2025 (For more details, please see the Institute Website- www.gims.ac.in) Application form fee- Rs500/-

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Adv. No.: GIMS/2025/16 Date: 23/09/2025

ADVERTISEMENT OF FELLOWSHIP

GIMS, Greater Noida invites application from eligible candidates for fellowship programme as follows:

Ser. No.	Post	No. of Seats	Duration of Course	Qualification	Stipend
1.	Fellowship in Association of Regional Anaesthesia (AORA)	01	01 Years	MD/MS Anaesthesia	As admissible as per UP Govt
2.	Fellowship in Neonatology (For Doctors)	01	MD/DNB - 01 Year DCH - 1.5 Year	MD/DNB/DCH	As admissible as per UP Govt
	Fellowship in Neonatology (For Nurses)	04	B.Sc. Nursing- 01 Year	B. Sc. Nursing	Rs. 25000/-
3.	Fellowship in Diabetes Mellitus (For Doctors)	02	6 Months Program	MD/DNB/DCH/ MBBS	As admissible as per UP Govt

For more details visit our website: [gims.ac](http://gims.ac.in) Director

Advertised in TOI & Dainik Jagran 23th Sep, 2025

GENERAL TERMS AND CONDITIONS:

1. Candidates to produce all relevant original documents along with self-attested photocopies of Degree/Certificates/Mark sheets and one passport size photograph with the Completed application in the prescribed format at the time of joining.
2. The maximum age limit for the said fellowship is 50 years (on last date of application). Age relaxation for SC/ST, OBC (Uttar Pradesh) & PH candidates is as per rules.
3. The candidate must be a life member of NNF. The candidate may become a member of NNF within one month of joining the fellowship if he/she is not a member at the time of joining.
4. The course will start w.e.f the date of joining and there will be a central Exit exam after completion of training.
5. After successful completion of the course and exit exam the candidate will be awarded trainee fellowship in Neonatology certificate duly approved by NNF, India.
6. The fellowship certificate will be issued only on clearance of the Exit Exam. There will be no refund of course fee, once paid.
7. Course fee must be submitted to NNF before admission to the course. An examination fee will have to be paid to NNF for the exit exam.
8. The Competent Authority reserves the right to alter the number of seats at any stage.
9. The corrigendum if any, will be published only on the website of the Institute.
10. Any changes made in the terms by the National Neonatology Forum of India from time to time will be applicable.

11. Last date for Application submission – 20 Oct, 2025

APPLICATION FORMAT FOR NNF FELLOWSHIP

(Note: Attach all attested photocopies)

1. Name (In block letters)_____
2. Gender: Male / Female _____
3. Fee Payment Demand Draft No. & Date_____
4. Date of Birth _____
5. Marital Status: Married/Unmarried/Others _____
6. Father's/Husband Name_____
7. Mother's Name_____
8. Address (Permanent)_____

- Contact No. & email_____
9. Address for correspondence _____
10. Qualification

Qualification(s)	Board/University	Year of Passing

11. Registration with State council/MCI and its validity as applicable)_____
12. NNF membership No. _____
13. Work experience (If any):

Sr. No.	Type of work experience	Duration with dates	Name & address of Hospital/Institute

DECLARATION

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application, my candidature is liable to be cancelled/terminated, besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure of fellowship. I shall abide by the terms and conditions as prescribed.

SIGNATURE OF CANDIDATE