



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/2026/Misc./

Date: 14/07/2026

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 2026-27	01 UR	04 UR
Upper Age Limit	50 years	50 years
Stipend	As per admissible by UP Govt.	Nurses - 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 12 months working experience in level 2/3 NICU
Application	Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted through www.recruitment.gims.ac.in Application form fee- Rs1180/- (GST include) may be submitted online or through D.D. in favour of Government Institute of Medical Sciences, Greater Noida Payable at Greater Noida.	Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to www.recruitment.gims.ac.in Application form fee- Rs 500/- Payment in form of DD in favor of Government Institute of Medical Sciences, Greater Noida payable at Greater Noida



Government Institute Of Medical Sciences (GIMS)
 Greater Noida, Gautam Buddha Nagar,
Contact No- 0120-2341738, 9999384468
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**ADVERTISEMENT FOR
SENIOR RESIDENTS AND FELLOWSHIPS**

GIMS, Greater Noida invites application from eligible candidates for following posts on Contractual Basis:-

Ser. No.	Post	Specialities
1	SENIOR RESIDENTS IN SUPER-SPECIALITIES	Cardiology, Neurosurgery, Neurology, Urology, Gastroenterology, Medical Oncology, Radiation Oncology, PMR, Critical Care Medicine and Emergency Medicine
2	FELLOWSHIPS	Diabetes & Neonatology

Walking Interview- Every 1st & 3rd MONDAY of Month (Till vacancy filled)
For Any query, Please contact - 9625281928, 8171426489

For more details visit our website: gims.ac.in

Director

Advertised in TOI & Dainik Jagran 14th July, 2026

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 – 14-08-2026**

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