



POSTGRADUATE INSTITUTE OF CHILD HEALTH
Sector-30, Noida, Gautam Buddha Nagar-201303
Website: www.pgich.edu.in, Email-childpginoida@gmail.com
(An Autonomous Institute under Govt. of Uttar Pradesh)

Format of Application

Advertisement No- PGICH,Noida/Exec.Reg./2025/..... dated

Applying for Department.....

Post.....

Fee Details

Amount.....

Bank Name.....

Demand Draft No..... Date.....

Passport size
colour
Photograph

1. Personal details-

- a. Name of the Applicant
- b. Father's Name
- c. Mother's Name
- d. Date of Birth

		/			/						
D	D		M	M		Y	E	A	R		
- e. Age (as on the last date of application submission) ____ Years ____ Months ____ Days
- f. Gender
- g. Country of Birth
- h. State of Domicile
- i. Citizenship
- j. Are you native of UP..... (Yes/No)
- k. Category (UR/OBC/SC/ST/EWS)
(Attach the certificate Issued by competent authority as applicable)
- l. Marital Status
- m. **Mailing Address-**

- Current Address:.....
.....
Phone No:.....
Mobile No:.....
Email Address:.....
- Permanent Address:.....
.....
.....
Phone No:.....
Mobile No:.....
Email Address:.....

2. Are you physically handicapped.....(Yes/No)
(Attach the certificate Issued by competent authorities)
3. Are you employed in government sector at present.....(Yes/No)
Current Designation
- Current Place of work.....
4. NOC from Current employer

- i. Whether attached ☐
- ii. Whether applied ☐
- iii. Not Required ☐

5. Have you ever been punished/convicted under any University/court of law or any government body? (Yes/No)

6. Are you a Sports Person..... (Yes/No)

7. Extra Achievements

.....

.....

8. Educational Details- (Attach Proof)

S. N.	Examination	Course/ Subject	Name of Institute/ College/ Hospital (No. of Beds)	Board/ University	Medical Council Reg. Details			From-To (Date)	Attempts	%
					Registration no.	Date	Name of Council			
1.	High School									
2.	Intermediate School									
3.	Graduation									
4.	Post-Graduation									
5.	Post-Doctoral									
6.	Any Other									

(Please add extra rows if needed)

9. Experience-(Attach Proof)

S. N.	Name of Post	Name of Institute/ college /Hospital	NMC Permission Status of College during tenure	From-To (Date)	Total Experience	Nature of Job (Teaching/ Non-Teaching)	Experience type (Govt. Private)	Reason for leaving	Emoluments

(Please add extra rows if needed)

10. List of Publications :- (In Vancouver Style) (Attach Details with proof in enclosed format)

1. Total _____ (No.)
2. Indexed _____ (No.)/ Non-indexed _____ (No.)
3. Authorship:-First _____ (No.)/ Second _____ (No.)/ Third _____ (No.)/ Corresponding _____ (No.)
4. Type of Paper:-Original Research _____ /Review _____ /Case Report _____ /Others _____

11. Book and Book chapters published - (Attach Proof).

12. Basic Course in Biomedical Research (Yes/No) (Attach Proof)

If Yes

- (a) Date**
- (b) Institution designated by NMC from where done**

13. Basic Course in Medical Education Technology (Yes/No) (Attach Proof)

If Yes

- (a) Date**
- (b) Institution designated by NMC from where done**

14. Membership of Professional Societies-(Attach Proof)

(a) International

(b) National

(c) State

15. Awards/Honors/Medals etc. (Attach Proof)

16. Any other important information-

--

17. Self-Assessment Form:- Please fill the attached form (as Attached)

Instructions:-

- i.** Only one option to be ticked
- ii.** All fields mandatory
- iii.** All attachments as pdf formats for online submission.

18. Please attach :- Affidavit (Rs 20/-) declaring that the entries made by you in the application are correct, to the best of your knowledge and that nothing has been left out by you intentionally

I hereby declare that all the information provided above is correct to best of my knowledge and no information has been concealed. I understand that in case this information is found to be incorrect at any stage, I shall be liable to face disciplinary legal action including termination from the service.

Date / Place

Name and Signature of the candidate