



# POSTGRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, Gautam Buddha Nagar-201303, Tel-0120-2455561

Website: [www.ssphpgti.ac.in](http://www.ssphpgti.ac.in), [Email-childpginoida@gmail.com](mailto:Email-childpginoida@gmail.com)

(An Autonomous Institute under Govt. of Uttar Pradesh)

Advertisement No. PGICH,Noida/Dean/IAPA/2023/15

Date: 04.10.2023

Advertisement for IAPA Fellowship in Paediatric Anaesthesia (1 year) under aegis of IAPA (Indian Association of Paediatric Anaesthesiologists)	
Duration of Course	1 year
Department	Paediatric Anaesthesia
Date of commencement	10.11.2023
No. of seat for session 2023-2024	01 UR
Upper Age Limit	50 years
Salary	Rs. 67,700/- as per level-11 of 7 <sup>th</sup> CPC
Method of selection	Interview on 12 <sup>th</sup> October 2023 (2 <sup>nd</sup> Thursday)
Qualification	MD/DNB Anaesthesia
Application	Application on prescribed format, duly signed by the applicant with attested copies of all supporting documents and contact details to be submitted to <a href="mailto:childpginoida@gmail.com">childpginoida@gmail.com</a> prior to 5 PM on 11.10.2023 (For more details, please see the Institute Website- <a href="http://www.ssphpgti.ac.in">www.ssphpgti.ac.in</a> )
Application Fee Details	Online Payment in A/c of 'Postgraduate Institute of Child Health' as per the following details: <b>Prescribed fee: Rs. 1000/-</b> General & OBC (U.P) Rs. 500/- for SC/ ST (U.P); No fee for DIVYANG candidates. (The fee is non-refundable once paid.) <b>Account Name</b> –PGICH-ACADEMIC ACCOUNT <b>Account No.</b> – 179621010000039 <b>IFS Code</b> – UBIN0917966 (it is Zero after N) <b>Bank Name</b> –Union Bank of India. <b>Account Type</b> – Current Account and confirmation should be communicated with his/her application.

1. At joining: 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.
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. Fellowship Accreditation: At the completion of fellowship, the training certificate will be issued by IAPA/ Post Graduate Institute of Child Health only. Currently these fellowships are not accredited to any Board or University.
4. The course will start w.e.f. 10.11.2023 and there will be an Exit exam at the end of course.
5. Course Fee: Rs. 75,000/-payable by Demand Draft to be issued in the name of "PGICH- ACADEMIC ACCOUNT." The fellowship certificate will be issued only on clearance of the Exit Exam. There will be no refund of course fee, once paid and to fulfill the requirements (including fee if any) of IAPA, will be duty of IAPA fellow.
6. Remuneration during the fellowship will be at par with Senior Residents of this Institution.
7. The Competent Authority reserves the right to alter the number of seats at any stage.
8. The corrigendum if any will be published only on the website of the hospital.

Sd- Director

## APPLICATION FORMAT

(Note: Attach all attested photocopies)



1. Department of fellowship applied for \_\_\_\_\_
2. Name (In block letters) \_\_\_\_\_
3. Gender: Male / Female \_\_\_\_\_
4. Fee Payment Demand Draft No. & Date \_\_\_\_\_
5. Category: (UR/OBC/SC/ST) \_\_\_\_\_
6. Date of Birth \_\_\_\_\_
7. Marital Status: Married/Unmarried/Others \_\_\_\_\_
8. Father's/Husband Name \_\_\_\_\_
9. Mother's Name \_\_\_\_\_
10. Address (Permanent) \_\_\_\_\_  
\_\_\_\_\_  
Contact No. & email \_\_\_\_\_
11. Address for correspondence \_\_\_\_\_  
\_\_\_\_\_
12. Qualification(s)

<b>Examination Passed</b>	<b>Division/% of marks</b>	<b>Board/University</b>	<b>Year of Passing</b>	<b>Subject Taken</b>
10 <sup>th</sup> /Matriculation/ Secondary				
MBBS				
PG Degree/DNB				

13. Registration with State council/MCI and its validity as applicable) \_\_\_\_\_
14. Date of completion of internship \_\_\_\_\_

**15. Senior/Junior Residency done (If any):**

<b>Sr. No.</b>	<b>Residency</b>	<b>Duration with dates</b>	<b>Name &amp; address of Hospital/Institute</b>	<b>Whether Regular/Ad-hoc</b>
1.	Junior Residency			
2.	Senior Residency			

**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**