



POSTGRADUATE INSTITUTE OF CHILD HEALTH

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

Website: www.sspgpgti.ac.in, Email-childpginoida@gmail.com

(An Autonomous Institute under Govt. of Uttar Pradesh)

Advertisement No. PGICH,Noida/IAPA/2024/26

Date: 05.11.2024

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	1 st January, 2025 or as per availability of seat
No. of seat for session 2024-2025	02 Seats (Linked to SR Posts)
Upper Age Limit	50 years
Salary	Rs. 67,700/- as per level-11 of 7 th CPC
Method of selection	Interview on 11 th December 2024
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 childpginoida@gmail.com prior to 5 PM on 5 th Dec 2024 (For more details, please see the Institute Website- www.sspgpgti.ac.in)
Application Fee Details	Online Payment in A/c of 'Postgraduate Institute of Child Health' as per the following details: Prescribed fee: Rs. 1000/- General & OBC (U.P) Rs. 500/- for SC/ ST (U.P); No fee for DIVYANG candidates. (The fee is non-refundable once paid.) Account Name –PGICH-ACADEMIC ACCOUNT Account No. – 179621010000039 IFS Code – UBIN0917966 (it is Zero after N) Bank Name –Union Bank of India. Account Type – 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. 01.01.2025 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)

Affix
passport
size photo

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)

Examination Passed	Division/% of marks	Board/University	Year of Passing	Subject Taken
10 th /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):

Sr. No.	Residency	Duration with dates	Name & address of Hospital/Institute	Whether Regular/Ad-hoc
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