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**POSTGRADUATE INSTITUTE OF CHILD HEALTH,
SECTOR -30, NOIDA-201303**

Application Form

Name of the post applied for

1.	First Name	Middle Name	Surname

2.	Father's/ Husband's Name	
	Mother's Name	

3.	Date of Birth (DD/MM/YY)		/		/		Age as on date of Interview	
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4. Gender: Male/ Female/Transgender

5. Marital Status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)

6. Mailing Address:

Phone:

Mobile:

E-mail:

7. Permanent Address (If different from above):

Phone:

Mobile:

E-mail:

8. Category (SC=1, ST=2, OBC=3, Gen=4)

9.	State of Domicile	
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10. Educational Qualifications:

S. N.	Examination	Course/ Subject	Board/ University	From-To	Attempts	Percentage
1.	Graduation					
2.	Post-Graduation					
3.	Post-Doctoral/Any other					

11. Experience (Post P. G.): (Please add extra rows if needed)

S. N.	Name of Post	Name of Institute/college/ Hospital	From-To	Total Experience	Nature of Job (Teaching/ Non- Teaching)	Experience type (Govt.. Private)

12. MCI Registration No.

13. U.P. State Medical Council No.

14. Awards/Honours/medals/:

15. Recognitions:

16. Additional information if any relevant to this post:

Declaration

I, hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I, solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Place & Date

Signature of the Candidate