



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

Paste a self-
signed
Passport size
Photograph

Do not staple

**Application Form
Interview for Non PG Junior Resident
on adhoc Basis
(Form to be filled in BLOCK LETTERS)**

| | |
|------------------------------|--|
| Name of the post applied for | |
|------------------------------|--|

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|----|------------|-------------|---------|
| 1. | First Name | Middle Name | Surname |
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|----|--------------------------|--|
| 2. | Father's/ Husband's Name | |
| | Mother's Name | |

| | | | | |
|----|--------------------------|-----------------|--------------------------------|--|
| 3. | Date of Birth (DD/MM/YY) | ___ / ___ / ___ | Age as on date of Interview | |
|----|--------------------------|-----------------|--------------------------------|--|

| | | |
|----|----------------------------------|--|
| 4. | Gender: Male/ Female/Transgender | |
|----|----------------------------------|--|

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

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| 6. Mailing Address: |
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| Phone: |
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| Mobile: |
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|---------|
| E-mail: |
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| 7. Permanent Address (If different from above): |
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| Phone: |
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| Mobile: |
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| E-mail: |
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| 8. | Category (SC=1, ST=2, OBC=3, Gen=4, EWS=5) | |
|----|--|--|

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|----|-------------------|--|
| 9. | State of Domicile | |
|----|-------------------|--|

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|-----|-----------------------------|------|-------------------------|
| 10. | MBBS Registration Number | Date | Name of Medical Council |
| | | | |

| | | | | | | |
|-----|-------------------------------|-------------|---------|------|-------------------|-----------------|
| 11. | Academic Qualification | | | | | |
| | Examination Passed | Institution | Subject | Year | % Marks/ Division | No. of Attempts |
| | Matriculation | | | | | |
| | Intermediate | | | | | |
| | MBBS | | | | | |
| | | | | | | |

| | | | | | |
|------------|------------------------------------|-------------|------------|----------|----|
| 12. | Previous Employment Details | | | | |
| Sr. no. | Post Held | Institution | University | Duration | |
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |

13. Have you have worked at PGICH earlier? If yes, please provide the following details:

| | | | |
|-----------|----------|----|--------------------|
| Post Held | Duration | | Reason for leaving |
| | From | To | |
| | | | |

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

Documents to be attached with the application form:

Self-certified copy of

- a. Matriculation certificate/age proof or any authentic age proof certificate.
- b. MBBS degree or pass certificate & MCI/State Medical registration proof.
- c. In case of reserve category candidate, valid caste certificate from competent authority.