



## POSTGRADUATE INSTITUTE OF CHILD HEALTH

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

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

(An Autonomous Institute under Govt. of Uttar Pradesh)

Advertisement No. PGICH,Noida/Neo/NNF/2025/09

Date: 05.02.2025

### Advertisement for National Neonatology Forum of India Fellowship in Neonatology

<b>Duration of Course</b>	MD/DNB-1 year DCH- 1.5 year
<b>Department</b>	Neonatology
<b>Date of commencement</b>	From the date of joining
<b>No. of seat for session 2023-24</b>	02 UR
<b>Upper Age Limit</b>	50 years
<b>Salary</b>	Rs. 67,700/- as per level-11 of 7 <sup>th</sup> CPC
<b>Qualification</b>	MD/DNB Paediatrics/DCH
<b>Application</b>	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:neonatology.pgich@gmail.com">neonatology.pgich@gmail.com</a> prior to 5 PM on 23-02-2025 For more details, please see the Institute Website- <a href="http://www.pgich.edu.in">www.pgich.edu.in</a>
<b>Date of interview</b>	25.02.2025, 12 noon

1. 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 at the time of joining.
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. The candidate must be a member of NNF. The candidate may become a member of NNF within one month of joining the fellowship if he/she is not a member at the time of joining.
4. The course will start w.e.f the date of joining and there will be a central Exit exam after completion of training.
5. After successful completion of the course and exit exam the candidate will be awarded trainee fellowship in Neonatology certificate duly approved by NNF, India.
6. The fellowship certificate will be issued only on clearance of the Exit Exam. There will be no refund of course fee, once paid
7. Course fee of Rs 17,700/- has to be submitted to NNF before admission to the course. An examination fee of Rs 17,700 will have to be paid to NNF for the exit exam.
8. Remuneration during the fellowship will be at par with Senior Residents of this Institution.
9. The Competent Authority reserves the right to alter the number of seats at any stage.
10. The corrigendum if any, will be published only on the website of the Institute
11. Any changes made in the terms by the National Neonatology Forum of India from time to time will be applicable

Sd- Director

## APPLICATION FORMAT FOR NNF FELLOWSHIP

(Note: Attach all attested photocopies)

Affix  
passport  
size photo

1. Name (In block letters) \_\_\_\_\_
2. Gender: Male / Female \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Marital Status: Married/Unmarried \_\_\_\_\_
5. Father's/Husband Name \_\_\_\_\_
6. Mother's Name \_\_\_\_\_
7. Address (Permanent) \_\_\_\_\_  
\_\_\_\_\_
- Contact No. & email \_\_\_\_\_
8. Address for correspondence \_\_\_\_\_  
\_\_\_\_\_
9. Qualification(s) MD  DNB  DCH

Board/University	Year of Passing

10. Registration with State council/MCI and its validity as applicable) \_\_\_\_\_
11. NNF membership No. \_\_\_\_\_
12. Senior/Junior Residency done (If any):

Sr. No.	Residency	Duration with dates	Name & address of Hospital/Institute
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.

**Date:**

**SIGNATURE OF CANDIDATE**