



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

**Application Form**

Paste a self  
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Passport size  
Photograph  
  
Do not staple

Name of the Post Applied for			
Category of 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 last date of application
4	Gender: Male/ Female/Others		
5	Marital Status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)		
6	Mailing Address :	Phone no. :	
	Email ID-	Mobile no.:	
7	Permanent Address : (if different from above)	Phone no. :	
	Email ID-	Mobile no.:	
8	Category (SC=1, ST=2, OBC=3, Gen=4 EWS=5)		
9	State of Domicile		

10	Educational Qualifications:						
	S. N	Examination	Course/ Subject	Board/ University	From- To	Attempts	Percentage

  

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/NMC Registration No. :
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13	U.P. State Medical Council No. :
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14	Awards/Honours/medals :
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15	Recognitions:
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16	Additional information if any relevant to this post:
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**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**