



# बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

POSTGRADUATE INSTITUTE OF CHILD HEALTH  
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## FORMAT - 2

Application No. PGICHNR240

Candidate Name (As per Hightschool Marksheet) .....

**Please Sign Using Black /Blue pen in the box.**

**Please write the following sentence in the box.**  
**“A quick brown fox jumps high over the lazy dog.”**

**Left Hand Thumb Impression**

**Marks of Identification:**

1.
2.