



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

Paste a self-
signed Passport
size Photograph

Do not staple

**Application Form
Walk-in-Interview for Senior Resident**

Name of the post applied for	
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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	
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5.	Marital Status (Single=1, Married=2, Widow=3, Divorced=4, Separated=5)	
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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)	
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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					
	MBBS					

12.	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:

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