



Paste a self signed  
Passport size  
Photograph

Do not staple

**Super Speciality Paediatric Hospital & Post Postgraduate Teaching Institute,  
Sector -30, Noida-201303**

**Application Form  
WhatsApp and Walk-in interview for Junior Resident  
(Non-Academic) on adhoc Basis**

Name of the 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)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	Age as on date of Interview	<input type="text"/>
----	--------------------------	---------------------------------------------	---------------------------------------------	--------------------------------	----------------------

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

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

6. Mailing Address:	Mobile No.
	Whatsapp No.:
	E-mail:

7. Permanent Address (If different from above):	Mobile No.
	Whatsapp No:
	E-mail:

8.	Category (SC=1, ST=2, OBC=3, Gen=4)	
----	-------------------------------------	--

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

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				
Sn .	Post Held	Institution	University	Duration	
				From	To

13. Have you have worked at SSPH&PGTI 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:**

1. 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, caste certificate from competent authority issued within last 6 month.