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

**Application Form** 

# Walk-in-Interview/Online Interview for Emergency Medical Officer (Non-Academic) on adhoc Basis

| Na            | ame 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)         |                                 | Age as on date<br>of Interview |  |  |
| 4.            | Gender: Male/ Female/Transgen    | ıder                            |                                |  |  |
|               | ·                                |                                 |                                |  |  |
| 5.            | Marital Status (Single=1, Marrie | ed=2, Widow=3, Divorced=4, Sepa | arated=5                       |  |  |
|               |                                  |                                 |                                |  |  |
| 6.            | Mailing Address:                 |                                 | Phone:                         |  |  |
|               |                                  |                                 | Mobile:                        |  |  |
|               |                                  |                                 | E-mail:                        |  |  |
|               |                                  | L                               |                                |  |  |
| 7.            | Permanent Address (If differen   | nt from above):                 | Phone:                         |  |  |
|               |                                  |                                 |                                |  |  |
|               |                                  |                                 | Mobile:                        |  |  |
|               |                                  |                                 | E-mail:                        |  |  |
|               |                                  |                                 |                                |  |  |

| 9. State of Domicile | 8. | Category (SC=1, ST=2, OBC=3, Gen=4) |  |
|----------------------|----|-------------------------------------|--|
|                      | 9. | State of Domicile                   |  |

| 10. | MBBS<br>Registration Number | Date | Name of Medical Council |
|-----|-----------------------------|------|-------------------------|
|     |                             |      |                         |

| 11. | Academic Qualification    |             |         |      |                   |                 |
|-----|---------------------------|-------------|---------|------|-------------------|-----------------|
|     | <b>Examination Passed</b> | Institution | Subject | Year | % Marks/ Division | No. of Attempts |
|     | Matriculation             |             |         |      |                   |                 |
|     | MBBS                      |             |         |      |                   |                 |
|     |                           |             |         |      |                   |                 |
|     |                           |             |         |      |                   |                 |

| 12. | Employment Details |             |            |          |    |
|-----|--------------------|-------------|------------|----------|----|
| Sr. | Post Held          | Institution | University | Duration |    |
| no. |                    |             |            |          |    |
|     |                    |             |            | From     | То |
|     |                    |             |            |          |    |
|     |                    |             |            |          |    |
|     |                    |             |            |          |    |

13. Have you have worked at SSPH&PGTI earlier? If yes, please provide the following details:

| Post Held | Duration |    | Reason for leaving |
|-----------|----------|----|--------------------|
|           | From     | То |                    |
|           |          |    |                    |

#### 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.