

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

Paste a selfsigned Passport size Photograph

Do not staple

Application Form Walk-in-Interview for Emergency Medical Officer (Non-Academic) on adhoc Basis

Na	ame of the post applied for					
1.	First Name	Middle	Name	Surname		
	Father's/ Husband's Name					
2.	Mother's Name					
3.	3. Date of Birth (DD/MM/YY) / Age as on date of Interview					
4.	Gender: Male/ Female/Trans	nsgender				
5.	Marital Status (Single=1, M	1arried=2, Widow=3, Di	ivorced=4, Sepa	rated=5		
6.	6. Mailing Address:			Phone:		
				Mobile:		
				E-mail:		
7.	7. Permanent Address (If different from above):			Phone:		
				Mobile:		
				E-mail:		
8.	Category (SC=1, ST=2, O	3C=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				
Sr.	Post Held	Institution	University	Duration	
				From	То

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.
- $\boldsymbol{c}_{\raisebox{-.5ex}{\text{\circle*{1.5}}}}$ MBBS degree or pass certificate & MCI/State Medical registration proof.
- **d.** In case of reserve category candidate, valid caste certificate from competent authority.