

Format of Application

Advertisement No- PGICH,Noida/Exec.Reg./2026/..... Date.....

Applying for Department.....

Post.....

Category of post for which applied.....

Advertisement No.....

Fee Details

Amount.....

Bank Name.....

Demand Draft No..... Date.....

Passport size
colour
Photograph

1. Personal details-

a. Name of the Applicant

b. Father's Name

c. Mother's Name

d. Date of Birth / /
 D D/ MM / Y E A R

e. Age (as on the last date of application submission)- __Years __Months __Days

f. Gender

g. Country of Birth

h. State of Domicile

i. Citizenship

j. Are you native of UP.....
(Yes/No)

k. Category.....(UR/OBC/SC/ST/EWS)

(Attach the certificate Issued by competent authority as applicable)

l. Marital Status

m. Mailing Address-

• **Current Address:**.....
.....
Phone No:
Mobile No:
Email Address:

• **Permanent Address:**.....
.....
Phone No:
Mobile No:
Email Address:

2. Are you physically handicapped.....(Yes/No)
(Attach the certificate Issued by competent authorities)

3. Are you employed in government sector at present.....(Yes/No)
 Current Designation
 Current Place of work.....
4. NOC from Current employer
 i. Whether attached
 ii. Whether applied
 iii. Not Required
5. Have you ever been punished/convicted under any
 University/court of law or any government body?
 (Yes/No)
 o)
6. Are you a Sports Person(Yes/No)
7. Extra Achievements

8. Educational Details- (Attach Proof)

S. N.	Examination	Course/ Subject	Name of Institute/ College/ Hospital (No. of Beds)	Board/University	Medical Council Reg. Details			From-To (Date)	Attempts	%
					Reg. Registration no.	Date	Name of Council			
1.	High School									
2.	Intermediate School									
3.	Graduation									
4.	Post-Graduation									
5.	Post-Doctoral									
6.	Any Other									

(Please add extra rows if needed)

9. Experience-(Attach Proof)

S. N.	Name of Post	Name of Institute/ college /Hospital	NMC Permission Status of College during tenure	From-To (Date)	Total Experience	Nature of Job (Teaching/ Non-Teaching)	Experience type (Govt. Private)	Reason for leaving	Emoluments

(Please add extra rows if needed)

10. List of Publications:- (In Vancouver Style) (Attach Proof)

1. Total _____ (No.)
2. Indexed _____ (No.)/ Non-indexed _____ (No.)
3. Authorship:-First _____ (No.)/ Second _____ (No.)/ Third _____ (No.)/ Corresponding _____ (No.)
4. Type of Paper:-Original Research _____/Review _____/Case Report _____/Others _____

- 11. **Book and book chapters published -(Attach Proof).**
- 12. **Basic Course in Biomedical Research (Yes/No)**
If Yes
 - (a) **Date**
 - (b) **Institution designated by NMC from where done**
- 13. **Basic Course in Medical Education Technology (Yes/No)**
If Yes
 - (a) **Date**
 - (b) **Institution designated by NMC from where done**
- 14. **Membership of Professional Societies-(Attach Proof)**

- 15. **Awards/Honors/Medals etc. (Attach Proof)**
- 16. **Any other important information-**

17. **Self-Assessment Form:- Please fill the attached form (Draft Format is placed at Folio no.-24 to 30 for approval)**

Instructions:-

- i. Only one option to be ticked
- ii. All fields mandatory
- iii. All attachments as PDF formats for online submission.

18. **Affidavit (Rs 10/-) declaring that the entries made by you in the application are correct, to the best of**

Your knowledge and that nothing has been left out by you intentionally

Attached	
Yes	No

I hereby declare that all the information provided above is correct to best of my knowledge and no significant information has been concealed. I understand that in case this information is found to be incorrect at any stage, I shall be liable to face disciplinary legal action including termination from the service.

Date/Place

Name and Signature of the candidate

Enclosures format for **1.Application Form, 2.Details of Publications, 3. SAF** for Assistant Professor