(Annexure-1)

Postgraduate Institute of Medical Education and Research
Department of Virology
"Evaluating the Disease Burden and Sequelae of Respiratory Syncytial Virus in Young Children: Multicentric Hospital Based Study (India)".

Application Form

Post Applied for : _____

Affix passport size photograph

1. Name of the Applicant (*in full block letters*): _____

2. Father's/Guardian's/Husband's Name: _____

3. Date of Birth: _____ *(dd/mm/yyyy)*

4. Category: Gen_____ SC_____ST_____OBC_____

*(*OBC candidate should provide valid recent OBC certificate)*

5. AGE (*as on* 22/09/2026): Years: _____ Months: _____ Days: _____

6. Address for Communication:

_____

_____

_____

Mobile No *: _____ **Email*:** _____

*** - Mandatory**

Dr. Arnab Ghosh
Associate Professor
Deptt. of Virology
PGIMER, Chandigarh

Prof. Ujjal P Singh,
HoD, Virology,
PGIMER, Chandigarh

7. Educational/Technical Qualifications

(From 10th or equivalent onwards, self-attested copies to be enclosed):

Examination passed	Year of passing	University/ Board	Division/ Class	% of marks	Subjects

8. Experience: (from recent)

S. No.	From	To	Duration	Proof Submitted

Dr Arnab Ghosh
Associate Professor
Deptt. of Virology
PGIMER, Chandigarh

Prof. Mini P Singh,
HoD, Virology,
PGIMER, Chandigarh.

9. **List of Publications:** Fill the table below and also attach the list.

	National	International
Indexed		
Non Indexed		

10. DECLARATION:

I do hereby declare that the above information furnished by me is true and correct to the best of my knowledge.

Place:

Date:

(Signature of the Applicant)

List of Enclosures:

1. DOB Certificate
2. Qualification certificate , marksheets
3. Experience Certificate
4. Any other supporting document/ certificate

Dr. Arnab Ghosh
Associate Professor
Deptt. of Virology
PGIMER, Chandigarh

Prof. Mini P Singh,
HoD, Virology,
PGIMER, Chandigarh.