

(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 _____

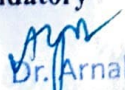
(*OBC candidate should provide valid recent OBC certificate)

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


Dr. Manoj 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


Arun Ghosh
Associate Professor
Deptt. of Virology
PGIMER, Chandigarh


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

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
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Prof. Mini P Singh,
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