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<b>INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14</b> <b>PROFORMA FOR THE POST OF SENIOR RESIDENT</b>						Affix your recent Photograph
1.	Advertisement No.					
2.	Name of the Post & Department applied for:	: Senior Resident :				
3.	Name of the Applicant & Registration Number (NMC/ State Medical Council)	Reg. No.		Dated:		
4.	Father's Name	:				
5.	Date of Birth (with proof of Age & Age on cut-off date)	D.O.B:	Date:	Month:	Year:	
		Age:	.....Yrs	.....Months	.....Days	
6.	<b>Whether belongs to UR/EWS/BC/SC/ST &amp; Female of All category or Handicapped:</b> <small>(Domicile Certificate and Caste Certificate issued by the Circle Officer of respective District/ Circle for SC/ST candidates; Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of Creamy layer; Domicile Certificate &amp; EWS Certificate issued by Circle Officer for EWS candidates should be attached.)</small>					
7.	Permanent Address	:				
8.	Address for Correspondence	:				
9.	Contact Number (Mobile/Land Line)	:				
10.	<b>Educational Qualification: Starting from MBBS (Attach all certificate: Photocopy)</b>					
	Particular of Qualification	Board/ Univ.	Year of Passing	Marks Obtained	Percentage of Marks	Attempt
11.	<b>Teaching or working Experience, if acquired after obtaining MD/ DNB Degree (Attach all Certificates: Photocopy)</b>					
	Name of the Institution	Posted as	From	To	Special Training in the speciality (if any)	
12.	List of publications and presentations as per NMC guidelines. Attach reprints of publications/ copy of certificate of presentations.					
13.	Status of Employment:	If employed, attach photocopy of NOC from the employer.				
14.	<b>Details of Bank Draft with Date of issue, place and Amount</b>					
	Name of the issuing Bank	Place & date	D.D. No.	Amount		
15.	List of Enclosure					

I, hereby declare that the information and documents given by me in. with the proforma is correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date

Signature of Applicant