

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  
**PROFORMA FOR THE POST OF SENIOR RESIDENT**

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	Advertisement No.	RIO / / Ad-hoc Senior Resident/ 2026			
2.	<b>Name of the Post &amp; Department applied for:</b>	: Senior Resident :Ophthalmology			
3.	<b>Name of the Applicant &amp; Registration Number (NMC/ State Medical Council)</b>	Reg. No.	Dated:		
4.		<b>Father's Name</b>			
5.	<b>Date of Birth (with proof of Age &amp; Age on cut-off date)</b>	<u>D.O.B:</u>	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>
		<u>Age:</u>	<u>.....Yrs</u>	<u>.....Months</u>	<u>.....Days</u>

6. **Whether belongs to UR/EWS/BC/SC/ST & Female of All category or Handicapped:...**  
 (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 & EWS Certificate issued by Circle Officer for EWS candidates should be attached.)

7.	<b>Permanent Address</b>	:
8.	<b>Address for Correspondence</b>	:
9.	<b>Contact Number (Mobile/Land Line)</b>	:

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
MBBS					
MS/MD					
<b>Additional Qualification</b>					

11.	<b>Teaching or working Experience, if acquired after obtaining MD/ MS Degree (Attach all Certificates: Photocopy)</b>			
Name of the Institution	Posted as	From	To	Special Training in the speciality (if any)

List of publications and presentations as per NMC guidelines.  
Attach reprints of publications/ copy of certificate of presentations.

<b>No of Pub. Med Publication</b>					
<b>No. of Non Pub. Med Publication</b>					
13.	<b>Number of Poster</b>	<b>Local:-</b>		Please Attached Certificate	
		<b>State:-</b>			
		<b>National:-</b>			
<b>Number of presentation</b>	<b>Local:-</b>				
	<b>State:-</b>				
	<b>National:-</b>				
14	<b>No. of Academic Award :- Please Attached Certificate and list</b>				
15	<b>Specialized Training</b>	<b>Sl. No</b>	<b>Name &amp; Subject of Training</b>	<b>Duration</b>	<b>Date From – To</b>
		01			
		02			
		03			
16	<b>Project</b>		<b>As PI</b>	<b>As Co-PI</b>	<b>Sponsorer</b>
		<b>Extramural</b>			
		<b>Intramural</b>			
17. <b>Status of Employment:</b>		If employed, attach photocopy of NOC from the employer.			
18.	<b>Details of Bank Draft with Date of issue, place and Amount</b>				
	<b>Name of the issuing Bank</b>	<b>Place &amp; date</b>	<b>D.D. No.</b>	<b>Amount</b>	
19.	<b>List of Enclosure</b>				

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**