INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14

PROFORMA FOR APPLICATION

1.	Advertisement No.	:	Affix your recent Photograph
2.	Name of the Post applied for:	:	
3.	Name of the Applicant	:	
4.	Father's Name	:	
5.	Date of Birth (With Proof of Age) & Age on 21-07-2025	D/O/B: Date: Month: Year: Age: .....Yrs. .....Months .....Days	
6.	Whether belongs to SC/ST/EBC (MBC), EWS/BC, BC-(Female)or Handicapped: .....Caste Certificate issued by the Circle Officer of respective District/Circle for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of Creamy Layer, along-with Domicile Certificate must be attached).		
7.	Permanent Address	:	
8.	Address for Correspondence	:	
9.	Contact Number(Mobile/Land Line)	:	

10. Educational Qualification(Attach all Certificates: Photocopy self-attested)

Particular of Qualification	Board/Univ.	Year of Passing	Division/Class	Marks Obtained	Percentage of Marks

11 Work Experience

Name of the Institution	Posted as	From	To	Nature of Duties (if any)

12. **Status of Employment:**	**CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER** Dated……Signature ……Designation ……

13.	**Details of Bank Draft with Date of issue, Place and Amount**			
	Name of the issuing Bank	**Place & Date**	**D.D. No.**	**Amount**

14.	**List of Enclosures**	

Place:
Date:

Signature of the Applicant