

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT**

1.	Advertisement No.	:	<u>05/Jr. Resident/IGIMS/Estt./2020</u>			
2.	Name of the Applicant	:	Affix your recent Photograph			
	Permanent Registration Number (MCI/Bihar Medical Council)	:				
3.	Father's Name	:				
4.	Date of Birth (With Proof of Age)	:	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>	<u>Age:</u>
5.	<b>Whether belongs to</b> <u>SC/SC(Female)/ST/ST(Female)/BC/BC(Female)/EBC/EBC(Female)/U/R/U/R(Female)/EWS/EWS(Female)OR Handicapped:</u> .....					
	(Cast Certificate issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate should be attached & EWS candidates also submit the EWS certificate).					
6.	Permanent Address	:				
7.	Address for Correspondence	:				
8.	Contact Number (Mobile/Land Line)	:				
9.	Citizenship:	:				
10.	<b>Educational Qualification:</b> (Attach all Certificates: Photocopy )			<b>Screening Certificate in case of Foreign Degree</b>		
	Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt
11.	Name of the College/Institution :					
12.	Date of Completion of Internship: From: ..... to .....					
13.	Department in order of preference:					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			
14.	<b>Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject</b>					
	<u>Subject</u>	<u>From</u>	<u>To</u>	<u>Organization/Institution</u>		
15.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>					
	<u>Name of the issuing Bank</u>	<u>Place &amp; Date</u>	<u>D.D. No.</u>	<u>Amount</u>		

**PLEASE NOTE:**

- 1) Incomplete application/s will be rejected straight away.
- 2) If it found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

**DECLARATION**

I do hereby declare that the information/s furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date:

Signature of the Applicant

**N.B.: Please affix the following with the application form:**

- 1 One recent passport size photograph (Space Provided)
- 2 Self attested copies of all certificates/testimonials.