



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

1.	Advertisement No.	Neurosurgery/09 / Ad-hoc Senior Resident/ 2025			
2.	Name of the Post &	: Senior Resident			
	Department applied for:	:Neurosurgery			
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.	Whether belongs to <u>UR/EWS/BC/SC/ST &amp; Female of All category or Handicapped</u> :..... Cast 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 <u>Creamy layer</u> , along-with <u>Domicile Certificate &amp; EWS Certificate</u> issued by Circle Officer should be attached.				
7.	Permanent Address	:			
8.	Address for Correspondence	:			
9.	Contact Number (Mobile/Land Line)	:			
10.	<b>Educational Qualification: Starting from MBBS</b> (Attach all certificate: Photocopy)				
	Particular of Qualification	Board/ Univ.	Year of Passing	Marks Obtained	Percentage of Marks
					Attempt
11.	Teaching or working Experience, if acquired after obtaining MD/ DNB Degree (Attach all Certificates: Photocopy)				
	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.	Details of Bank Draft with Date of issue, place and Amount				
	Name of the issuing Bank	Place & date	D.D. No.	Amount	
15.	List of Enclosure				

Affix your recent Photograph

**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**