

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

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MODE OF INTERVIEW : ONLINE / OFFLINE

1.	Advertisement No.	: 03/Sr. Resident/IGIMS/Estt./2021			
2.	Name of the Post & Department applied for:	:			
3.	Name of the Applicant	:			
	& Registration Number (MCI/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: Age:	Date:Yrs.	Month:Months	Year:Days
6.	Whether belongs to <u>SC/SC(Female)/ST/ST(Female)/BC/BC(Female)/EBC/EBC(Female)/UR/UR(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).				
7.	Permanent Address	:			
8.	Address for Correspondence	:			
9.	Contact Number (Mobile/Land Line)	:			
10.	Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: 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/MS/MDS Degree (Attach all Certificates: Photocopy)				
	Name of the Institution	Posted as	From	To	Special Training in the specialty (if any)
12.	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT				
	1 ST	2 nd	3 rd	4 th	
13.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated..... Signature Designation			
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 Enclosures				

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 the Applicant