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

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT

Affix your recent Photograph

1.	Advertisement No.	: 03/Jr. Resident(N/A)/IGIMS/Estt./2026
2.	Name of the Applicant Permanent Registration Number (NMC/Bihar Medical Council)	: Reg. No. : Date of Registration:
3.	Father's Name	:
4.	Date of Birth (With Proof of Age)	Date: Month: Year: Age:
5.	Whether belongs to SC/ST/BC/EBC/BC (Female),EWS, UR or Handicapped: ..... (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 & EWS Candidate also attached the EWS certificate).	
6.	Permanent Address	:
7.	Address for Correspondence	:
8.	Aadhaar Number	:
8.	Contact Number (Mobile/Land Line)	:
9.	Citizenship:	
10.	NEET –PG- 2026 Roll No.	
11.	NEET –PG- 2026 Application No.	
12.	Total Marks/ Percentile Obtained NEET-PG-2026	

13. **Educational Qualification:** (Attach all Certificates: Photocopy) — Screening Certificate in case of Foreign Degree

Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt

14.	Name of the College/Institution :
15.	Date of Completion of Internship: From: ..... to .....
16.	Department in order of preference: 1st 2nd 3rd
17.	Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject

Subject	From	To	Organization/Institution

18. Details of Bank Draft with Date of issue, Place and Amount

Name of the issuing Bank	Place & Date	D.D. No.	Amount

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 Reside 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 knowle and I shall abide by the Rules and Regulation of IGIMS.

Place:
Date:

Signature of the Applicant

Scanned with OKEN Scanner