	INDINA CA	NDHI INSTITUT	ON FORM FO	R THE POS	ST OF J	UNIOF	RESIDENT				
	APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT										
1.	Advertisement	: <u>0</u>	: 04/Jr. Resident/IGIMS/Estt./2023					recent Photograph			
2.	Name of the Applicant		:	***************************************							
	Permanent Registration Number (MCI/Bihar Medical Council)			Reg. No. : Date of Registration:							
3.	Father's Nam	ie	*								
4.	Date of Birth (With Proof of Age)		Date:		Month:		Year:	Age:	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 to EWS certificate).										
6.	Permanent Address :										
7.	Address for Co	orrespondence									
8.	Aadhaar Number		:								
8.	Contact Numb	ne) :									
9.	Citizenship:										
10.	NEET -PG- 2023						****				
11.	NEET -PG- 2023	3 Application No.									
12.	Total Marks Obt	tained NEET-PG-202	23								
13.	Educational	Qualification: (Att	tach all Certifica	Certificates: Photocopy ) Screening Certificate in case of Foreign Degr							
	mination sed: MBBS	College/Institution.		Year of Passing	of Marks		Percentage of Aggregate Marks in all Professional Examination.		Attempt		
14.	Name of the C	ollege/Institution	•						<u> </u>		
15.	Date of Com	Date of Completion of Internship: From: to									
	Duto 01 00111	ndon of proforonco.	Department in order of preference:  1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>								
16.	1 <sup>st</sup>	any Junior Residency	2 <sup>nd</sup>								

PLEASE NOTE:

suptol. Engl. (BME)

Incomplete application/s will be rejected straight away.

Details of Bank Draft with Date of issue, Place and Amount
Name of the issuing Bank Place & Date

Subject

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.

From

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:

18.

D.D. No.

Amount