



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

## PROFORMA FOR THE POST OF SENIOR RESIDENT/ TUTOR

Affix your recent  
Photograph

1.	Advertisement No.	: Adv. No. 01/Sr. Resident-Tutor/IGIMS/Estt./2019			
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/ST/EBC (MBC), BC, BC- (Female) 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 Creamy Layer, along-with Domicile Certificate should be attached).				
7.	Permanent Address	:			
8.	Address for Correspondence	:			
9.	Contact Number (Mobile/Land Line)	:			
10.	<b>Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: Photocopy)</b>				
	Particular of Qualification	Board/Univ.	Year of Passing	Marks Obtained	Percentage of Marks
					Attempt
11.	<b>Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)</b>				
	Name of the Institution	Posted as	From	To	Special Training in the specialty (if any)
12.	<b>NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT</b>				
	1 <sup>st</sup> .....	2 <sup>nd</sup> .....	3 <sup>rd</sup> .....	4 <sup>th</sup> .....	
13.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated..... Signature ..... Designation .....			
14.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>				
	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