



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

(AN AUTONOMOUS INSTITUTE OF GOVT. OF BIHAR)

Tel.: 0612 - 2297631, 2297099 Fax: 0612 - 2297225; Website: [www.igims.org](http://www.igims.org) E-Mail: [director@igims.org](mailto:director@igims.org)

## NOTICE FOR WALK-IN-INTERVIEW FOR ADHOC APPOINTMENT ON LEAVE VACANCY POST OF SR. RESIDENT "OBS & GYNAECOLOGY"

A Walk-in-Interview for Ad-hoc appointment on Leave Vacancy post of Senior Resident in the Department of Obs. & Gynaecology for a period of 03 (*Three*) months purely on temporary basis or till regular appointment (*Whichever is earlier*) has been fixed on 26-04-2019 from 11-00 AM in the office chamber of the undersigned.

Interested Indian citizen, who fulfills the following essential qualification etc., are invited to participate in this Walk-in-Interview, along-with application in prescribed proforma (*Available on our website: [www.igims.org](http://www.igims.org)*) OR neatly typed bio-data, with all supporting original documents, in proof of Age, Qualification/s, Registration, Caste (*Please present original certificate/s, before the Interview Board*) etc and also enclose Demand Draft of Rs.500/- (*Rupees Five Hundred*) OR Rs. 125/- (*Rupees One Hundred & Twenty Five*) for SC/ST candidate (**Non-Refundable**) payable to The Director, IGIMS, Patna, payable at Patna. **EBC** candidate must attach their Caste Certificate along-with Certificate of exemption from **Creamy Layer** duly issued by the **Circle Officer** of respective District/Circle of Bihar along-with application form, if claimed for reservation.

### GENERAL INFORMATION

- |  |   |                            |
|--|---|----------------------------|
| 01. <b>Department</b>  | <b>No. of Post</b>  | <b>Reservation</b>         |
| Sr. Resident: Obs. & Gynaecology   | <b>02</b> (Two)   | <u>U/R-01 &amp; EBC-01</u> |
| 02. Pay-scale  | - <u>Rs.67700/- + NPA</u>   |                            |
| 03. Upper Age Limit  | - <u>37</u> (Thirty-Seven) years as on the date of interview ( <i>Relaxation as per State Govt. Rule, i.e., 05 years for SC/ST, 03 years of EBC-(MBC/BC and 03 years for all categories of Female Candidate. Physical-Handicapped candidate will be given the benefit of reservation and relaxation as per rule of Govt. of Bihar.)</i> ) |                            |
| 04. <b>Essential Qualification &amp; Experience for Tutor/Senior Resident:</b>   |   |                            |
| 1. <b>A Medical qualification as included in schedule I &amp; II of MCI Act.</b>   |   |                            |
| 2. <b>M.C.I. recognized P.G. qualification of MD/MS in specialization concerned or allied Surgical/ Medical specialty.</b> |   |                            |
| 3. <b>The candidate must be registered with Central/State Medical Council.</b>   |   |                            |

The qualification prescribed is minimum requirement and the same does/do not automatically make candidate/s eligible for interview. Based on bio-data and interview, the Selection Committee of the Institute will select candidate/s for ad-hoc appointment. Candidate/s who are interested for interview, will have to produce all relevant documents, in proof of details furnished in their application at the time of Interview

**Adv. No. 02/Sr. Resident-(Adhoc)/IGIMS/Estt./2019**

Memo No. 1837

/Adm.

Copy forwarded to: Director/Dean/Principal: Medical College/Medical Superintendent/Accounts Section/ Reservation Cell/Senior Bio-Medical Engineer: For making it available on the website of the Institute/ Sri Rakesh Ranjan-(UDC) for prompt advertisement in the New-paper/s after taking necessary approval of the Director.

Sd/-  
Director,  
IGIMS, Patna-14  
Dated: 16-4 -2019

*[Signature]*  
Director,  
IGIMS, Patna-14

*[Handwritten signature]*  
16/04/19



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## PROFORMA FOR THE POST OF SENIOR RESIDENT/ TUTOR

Affix your recent  
Photograph

1.	Advertisement No.	: Adv. No. 02/Sr. Resident-Adhoc/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
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.	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT				
	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