

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

	PROFORMA FOR APPLICATION						Affix your recent	-
1.	Advertisement No.	: 03/Faculty/Nursing College/IGIMS/2019				Photograph	•	
2.	Name of the Post applied	d for:	:				8	
3.	Name of the Applicant		:					
4.	Father's Name		•					
5.	Date of Birth (With Proof of Age)		<u>D/O/B:</u>	<u>Date:</u>	Month:	<u>Year:</u>		
	& Age on 05-07-2019		Age:	Yrs.	Month	<u>s</u> Da	Days	
7.	Whether belongs to so by the Circle Officer of respective EBC (MBC) and BC candidates with Permanent Address	e District/Circle for	r SC/ST candidat	es along-with Dor	nicile Certificate and Ca	ste Certificate is	Caste Certificate	e issued fficer for
8.	Address for Correspor	ndence						
9.	Contact Number (Mob	A STATE OF THE PARTY OF THE PAR						
10.	Educational Qualification (Attach all Certificates: Photocopy self-attested)							
P	Particular of Qualification	Boar	d/Univ.	Year of Passing	Division/Class	Marks Obtain	ed Percent Mar	age of
	And Maleston 1922							
11			V	Vork Experie	nce			
Name of the Institution Pos		ted as From To		То	Nature of Duties (if any)			
12. s	tatus of Employment:				LOWING ENDORSEMENT SI			R

13.	Details of Bank Draft with Date of issue, Place and Amount							
	Name of the issuing Bank	Place & Date	D.D. No.	Amount				
14.	List of Enclosures							

Place:

Date:

Signature of the Applicant