

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; E-Mail: director@igims.org

APPLICATION FORM

Adv. No.

Dated:

Sub: Application for appointment on the post of Junior Resident (Non-Academic)-Tenure Post.

01	Name of the Candidate:				Affix Passport size photograph duly self attested
02	Father's Name:				
03	Date of Birth:				
04	Permanent Address:				
05	Address for Correspondence :				
06	Telephone/Mobile No. (If any):				
07	Citizenship:				
08	Education Qualification				
	<u>Exam. Passed: MBBS</u>	<u>College/Institution</u>	<u>Year of Passing</u>	<u>Marks Obtained</u>	
09	Name of College/Institute				
10	Whether SC/ST/MBC/BC, with documentary evidence				
11	Date of Completion of Internship				
12	Percentage of aggregate marks in all Professional Examination				
13	Department in order of preference				
	(a)	(b)	(c)		
14	Permanent MCI/State Medical Council Registration No.				
15	Whether done any Junior Residency (Non-Academic) at IGIMS or out-side : If so mention the department/period/subject				
	<u>Subject</u>	<u>From</u>	<u>To</u>	<u>Organization/Institution</u>	

PLEASE NOTE:

1. Incomplete application/s will be rejected straight way.
2. If it is found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

DECLARATION

I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Date:

SIGNATURE OF THE APPLICANT

N.B. Please affix the following with the application form:

1. One recent passport size photograph (Space Provided)
2. Self attested copies of all the certificates/testimonials.