

**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

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PROFORMA FOR THE POST OF SENIOR RESIDENT

1.	Advertisement No.	:				
2.	Name of the Post & Department	:				
3.	Name of the Applicant	:				
	Registration Number (MCI/Bihar Medical Council)	Reg. No.				
4.	Father's Name	:				
5.	Date of Birth (With Proof of Age)	D/O/B:				
			AS ON 31-01-2014			
		Yrs.MonthsDays	
6.	Whether belongs to <u>SC/ST/MBC, BC, BC (Female) or Handicapped</u> :					
	(Cast Certificate issued by the Circle Officer, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by the Circle Officer for 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.	Education Qualification: starting from MBBS					
	Particular of Qualification	Board Univ.	Year of Passing	Marks Obtained	Percentage of Marks	Attempt
11.	Teaching or working Experience, if acquired after obtaining MD/MS Degree					
	Name of the Institution	Posted as	From	To	Special Training in the speciality (if any)	
12.	Name the Department in chronological order, if applications are filled up in more than one department					
	1 st	2 nd	3 rd	4 th		
13.	Details of Bank Draft with Date of issue, Place and Amount					
	Name of the issuing Bank	Date & Place	D.D. No.		Amount	
14.	Name of Enclosures:					

Place:

Date:

Signature of the Applicant