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

## PROFORMA FOR THE POST OF SENIOR RESIDENT/ TUTOR

Affix your recent Photograph

| | | |
|---|---|---|
| 1. | Advertisement No. | : 01/Sr. Resident-Tutor/IGIMS/Estt./2021 |
| 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: Date: Month: Year: Age: .....Yrs. .....Months .....Days |
| 6. | Whether belongs to SC/SC(Female)/ST/ST(Female)/BC/BC(Female)/EBC/EBC(Female)/U/R/U/R(Female)/EWS/EWS(Female)or Handicapped : ..... (Cast Certificate issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate should be attached & EWS candidates also submit the EWS certificate). | |
| 7. | Permanent Address | : |
| 8. | Address for Correspondence | : |
| 9. | Contact Number (Mobile/Land Line) | : |

10. Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: Photocopy)

| Particular of Qualification | Board/Univ. | Year of Passing | Marks Obtained | Percentage of Marks | Attempt |
|---|---|---|---|---|---|
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11 Teaching or working Experience, If acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)

| Name of the Institution | Posted as | From | To | Special Training in the specialty (if any) |
|---|---|---|---|---|
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12 NAME OF THE DEPARTMENT IN CHRONOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT

1ST ..... 2nd ..... 3rd ..... 4th .....

13. Status of Employment: CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER

Dated.....Signature .....Designation .....

14 Details of Bank Draft with Date of Issue, Place and Amount

| 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