

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR THE POST OF SENIOR RESIDENT**

Affix your recent Photograph

1.	Advertisement No.	:				
2.	Name of the Post & Department applied for:	:				
3.	Name of the Applicant & Registration Number (MCI/Bihar Medical Council)	:				
4.	Father's Name	:				
5.	Date of Birth (With Proof of Age) & Age on cut-off date.	D/O/B:	Date:	Month:	Year:	
	Yrs.MonthsDays		
6.	Whether belongs to SC/ST/BC-I, BC-II, BC (Female) or Handicapped: (Cast Certificate issued by the DM, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by DM for MBC (BC-I) and OBC (BC-II) 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 (Attach all Certificates: Photocopy)					
	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/MDS Degree (Attach all Certificates: Photocopy)					
	Name of the Institution	Posted as	From	To	Special Training in the specialty (if any)	
12.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER fnukad@ Dated..... gLrk{kj@ Signature				
		inuke@ Designation				
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