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

**(AN AUTONOMOUS INSTITUTE OF GOVT. OF BIHAR)**

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| **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.

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| --- | --- | --- | --- |
| 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 |
| Exam. Passed: MBBS | College/Institution | Year of Passing | Marks Obtained |
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|  |  |  |  |
|  |  |  |  |
| 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 |  |  |
| Subject | From | To | Organization/Institution |
|  |  |  |  |
|  |  |  |  |

**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 APPLICATNT

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.