



## PROFORMA FOR THE POST OF SENIOR RESIDENT

Affix your recent  
Photograph

|     |   |   |                    |                               |   |
|-----|---|---|--------------------|-------------------------------|---|
| 1.  | Advertisement No.   | : <u>02/Ad-hoc Senior Resident /PGIDER/IGIMS/Estt./2025</u> |                    |                               |   |
| 2.  | Name of the Post &<br>Department applied for:   | : Senior Resident<br>:                                      |                    |                               |   |
| 3.  | Name of the Applicant<br>& Registration Number<br>(State Dental Council)  | : Reg. No.  |                    | : Dated:                      |   |
| 4.  | Father's Name   | :   |                    |                               |   |
| 5.  | Date of Birth (With Proof of Age)<br>& Age on cut-off date.   | <u>D.O.B:</u>   | <u>Date:</u>       | <u>Month:</u>                 | <u>Year:</u>                                  |
|     |   | <u>Age:</u>   | <u>.....Yrs.</u>   | <u>.....Mo</u><br><u>nths</u> | <u>.....Days</u>                              |
| 6.  | Whether belongs to <u>UR/EWS/BC/EBC/SC/ST</u> & Female of All category or Handicapped:<br>.....Cast Certificate issued by the Circle Officer of respective District/Circle for<br>SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for<br>EBC (MBC) and BC candidates with exemption of <u>Creamy Layer</u> , along-with <u>Domicile Certificate</u> &<br><u>EWS</u> Certificate issued by Circle Officer should be attached). |   |                    |                               |   |
| 7.  | Permanent Address   | :   |                    |                               |   |
| 8.  | Address for Correspondence  | :   |                    |                               |   |
| 9.  | Contact Number (Mobile/Land Line)   | :   |                    |                               |   |
| 10. | <b>Educational Qualification: (Attach all Certificates: Photocopy)</b>  |   |                    |                               |   |
|     | Particular of Qualification   | Board/Univ.   | Year of<br>Passing | Marks<br>Obtained             | Percentage of<br>Marks                        |
|     | B.D.S   |   |                    |                               |   |
|     | M.D.S.  |   |                    |                               |   |
|     | PhD   |   |                    |                               |   |
|     | Fellowship (If any)   |   |                    |                               |   |
| 11  | <b>Teaching or working Experience, if acquired after obtaining MDS Degree (Attach all Certificates: Photocopy)</b>  |   |                    |                               |   |
|     | Name of the Institution   | Posted as   | From               | To                            | Special Training in the<br>specialty (if any) |
|     |   |   |                    |                               |   |
|     |   |   |                    |                               |   |
| 12  | <b>Publications and research work</b>   |   |                    |                               |   |
|     | Indexed   | Non-Indexed   | Book/ Chapter      | Patent                        |   |
|     | .....   | .....   | .....              | .....                         |   |

|                           |  |  |          |        |  |
|---------------------------|--|--|----------|--------|--|
| 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