



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

PROFORMA FOR THE POST OF SENIOR RESIDENT

Affix your recent Photograph

141

1.	Advertisement No.	: <u>52 /Senior Resident/IGIMS/Estt./2025</u>			
2.	Name of the Post	: Senior Resident			
	Department	:			
3.	Name of the Applicant	:			
	& Registration Number (NMC/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.MonthsDays
6.	Whether belongs to <u>UR/EWS/BC/EBC/SC/ST & Female of All category / Handicapped:</u> Cast Certificate issued by the Circle Officer of respective District/Circle for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of <u>Creamy Layer</u> , along-with Domicile Certificate & EWS Certificate issued by Circle Officer, should be attached).				
7.	Permanent Address	:			
8.	Address for Correspondence	:			
9.	Contact Number (Mobile/Land Line)	:			
10.	E- Mail ID:	:			
11.	Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: Photocopy)				
	Particular of Qualification	Board/Univ.	Year of Passing	Marks Obtained	Percentage of Marks
					Attempt
12.	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)
13.	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT				
	1 st	2 nd	3 rd	4 th	
14.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated.....SignatureDesignation			
15.	Details of Bank Draft with Date of issue, Place and Amount				
	Name of the issuing Bank	Place & Date	D.D. No.	Amount	
16.	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:

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1/15/21/6/24

Signature of the Applicant

LIST OF ENCLOSURES

(140)

Sl. No.	Particulars of enclosures	Marked Page (s) / Tick ✓
1.	Application duly signed in each page.	
2.	Demand Draft	
3.	Matriculation Certificate for Age Proof	
4.	MBBS / BDS Marksheets	
5.	MBBS/ BDS Degree Certificate	
6.	M.D./M.S./D.N.B./MDS Marksheets	
7.	M.D./M.S./D.N.B./MDS Degree Certificate	
8.	Copy of Publications and Research Works.	
9.	(i) Caste Certificate for SC & ST Candidates (ii) Non-Creamy Layer Certificate (FORM- X) for BC & EBC Candidates Date of issue of Certificate should not be earlier than 01 year from the date of interview. (iii) EWS Certificate should have been issued after 01-04-2025 to date of interview. (iv) Residential certificate for all EWS/BC/EBC/SC & ST Candidates	
10.	Registration & Additional Registration with Medical / Dental Council Certificate or any other regulatory body.	
11.	Disability Certificate (If Applicable)	
12.	No Objection Certificate	
13.	Any others Relevant Documents	

Date:

Place:

Signature of Candidate

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18.3
21.6.24