



Department of Community Medicine
INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES,

SHEIKHPURA, PATNA - 800 014 (Bihar, India)

Tel.: 0612 - 2297631, 2297099; Fax: 0612 - 2297225; Website: www.igims.org;

APPLICATION FORM

1. Name of the Project : "Costing of Health Services in India 2.0"
2. Applying for the Post of :
3. Name of the Candidate :
(In Block Letters)
4. Father's Name :
5. Date of birth (DD/MM/YY) :

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6. Age : ____ Years ____ Months ____ days
(as on the last date of application)
7. Sex : Male / Female
8. Category : SC / ST / OBC / EBC/ EWS/Others
9. Are You Physically Handicapped : Yes/ No
10. Address for communication
(with PIN Code) :

11. Mobile Number for contact :
12. E-mail ID for contact :

Latest Photo graph
to be pasted here

Educational Qualification From 10th till date

| Sl. No | Exam passed | Year of passing | Board /University | % of Marks |
|--------|-------------|-----------------|-------------------|------------|
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Work Experience (Start from recent)

| Sl No | Name of the Employer (Name of the office/Institution) | Period (Date/month/year) | | Post held |
|-------|--|-----------------------------|----|-----------|
| | | From | To | |
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11 Any other Research Experience :

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:-
Date:

Signature of the Candidate

