



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"	Latest Photo graph to be pasted here							
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) :	<table border="1" style="width: 100%;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>								
6. Age (as on the last date of application)	: _____ Years _____ Months _____ days								
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	:								

Educational Qualification From 10th till date

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

Work Experience (Start from recent)

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

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

