

## INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES,

(AN AUTONOMOUS INSTITUTE UNDER GOVT. OF BIHAR) SHEIKHPURA, PATNA – 800 014 (Bihar, India)

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

## **APPLICATION FORM**

Reference Advertisement No	Dated			
Subject: Application for appointment on the post of Jun Academic)-Tenure Post.	ior Resident (Non			
1. Name	Affix Passport Size			
2. Father's Name	Photograph duly self			
3. Date of Birth	attested.			
4. Permanent Address				
5. Local Address				
with Telephone No. (if any)				
6. Citizenship				

# 7. Educational Qualification :

Exam MBBS	Passed	College/Institute	Year of Passing	Marks Obtain

8.	Name of College/Institute				
9.	Whether SC/ST/OBC with documentary evidence				
10.	Date of Completion of Internship				
11.	Percentage of Aggregate marks in all Professional Examinations				
12.	Department in order of Preference				
(a)	(C)				
3.	Permanent M.C.I./D/M.C. Registration No.				

CI	Subject		Erom	To	Organizat	tion/Institu	tion
	outside,	if so mer	ntion the de	epartment/ <sub>l</sub>	period/subject :		
14.	Whether	done a	ny Junior	Residency	(Non-Academic)	at IGIMS	or

SI.	Subject	From	То	Organization/Institution
No.				
1				
2				
3				
4				

### **PLEASE NOTE:**

- 1. Incomplete applications 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 (Non-Academic) 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 regulations of IGIMS.

Date :	SIGNATUTE OF THE APPLICANT

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.