



PROFORMA FOR FACULTY POSTS

Post applied for Adv. No. /Faculty/IGIMS/Estt./2025

Department:

Affix your recent passport size photograph with self attested

1.	Name in block letter	
2	Father's Name	
3	(a) Permanent Address in block letter	
	(b) Postal Address in block letter	
	(c) Tele./Mob. No.	
	(d) E-mail Id.	
4	Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate)	Date of Birth Day.....Month.....Year.....: Age:.....
5	Name of the state to which you belong?	
6	Category Applied: UR/EWS/BC/EBC/SC/ST/WBC/Handicapped Candidate/ Ex-Serviceman? (Attach documentary evidence)	

7-Particulars regarding your University or Higher Education.

Name of University	College, if any	Date of entry	Date of leaving

8-Examination passed including postgraduate examination.

Name of the Examination	Months & Year of Passing the examination	No. of attempted	Distinction or prize if any in any or more subjects.
H.S.C. / 10 th			
10+2 / Intermediate			
B.D.S.			
1 st Year			
2 nd Year			
3 rd Year			
4 th Year			
Postgraduate Medical Education (i) M.D.S.			
(ii) Ph.D			
Any other examination(s) / Certification from National / International Regularity Body			

09. Details of teaching and professional experience. Including Senior Residency Ship(S.R Ship) / after obtaining the essential qualifications.

Details should be given in separate sheet if the space is insufficient. Attach Certificate.	
If selected what notice would you require before joining?	
List of enclosures. Number, date and the amount of the Demand Draft enclosed.	

10. Publication:

Indexed (Mention Separately) (Reference should be given, if research papers were abstracted in any Indexed/well known medical or science journals or reference made to works in monographs or test on the subject)	
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CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER

- **Dated**.....
 - **Signature**
 - **Designation** **Organization Name**.....
- Have you been outside India? If so, give the following particulars:-

	Date of Departure	Period of Stay abroad	Purpose of stay abroad

11. State foreign language or languages you know
 (a) To read and write?
 (b) To speak also?

12. Where have you been employed? Give particulars below:-

Name of the employer	Date of joining	Date of leaving	Name of the post held(also state whether temporarily or substantively)	Pay Scale and present rate of pay and allowances

13. Are you a Govt. servant and entitled to pension? If so, will you give up you status before joining the Institute (Answer 'Yes' or 'No')
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INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: PATNA-14

(Please fill this pro-forma neatly typed)

Publication-To be presented in Power-point-(Please bring your pen-drive)

Post applied for _____
 Name _____ Date of birth _____
 Whether belong to SC/ST/BC/EBC/EWS/UR _____ Minimum Basic Pay _____
 Present Employer (Institution) _____ Minimum joining time required _____
 Whether "No Objection Certificate" furnished: Yes/No/Not applicable _____
 Total teaching experience after M.D.S. _____ Years _____ Month _____
 Present Position _____ Present Basic Pay with Pay Scale Rs. _____

<u>Academic Qualification</u>			<u>Publication and Research Work after the essential qualification</u> <u>(Give details in attached format)</u>			
Degree(Examinations) of M.D.S.	Months & Year	No. of attempts		Published	Accepted	1 st Author / Corresponding Author
			1. Research Papers (a) Pub Med Index (b) Other Indexed Journals	.....	.....	.....
			2. Books (a) Text books (b) Edited Books (c) Educational Books (d) Chapter in Books	.....	.....	.....
			3. Patent / Specialized Training	.....	.....	.....
			4. Extra Mural / Intra Mural Project	.....	.....	.....
DEGREE (Honorary)						

Best Papers:

- (i) For Assistant Professor _____
- (ii) For Associate Professor _____
- (iii) For Additional Professor _____

TEACHING/RESEARCH EXPERIENCE

During the period of senior residency / after obtaining Ph.D degree in non medical cases research experience should be evidence by project, index publication in subject, patent, book chapter & guiding the MDS students in the capacity of guide/ co- guide.

Institution	Post Held	From	To	Total Experience

1) Research Projects as Chief Investigator / Co-Investigator

2) Awards, fellowships and membership of professional bodies (Enclose Evidence)

Sl.No.	Title of Award	Award Category	Year	Description

3) Membership of Editorial Board of Indexed International Journals/Review Committees of National bodies and Institutions (Enclose Evidence).

4) Services: (Contributions made towards the development of new unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patent taken (enclose evidence)

5) Contributions in community & national programs (Enclose Evidence)

6) Describe your most notable contribution in Teaching and Research in 200 words. (Copy Enclose)

IMPORTANT

I, hereby declare that the information and documents given by me in the proforma is correct to the best of my knowledge.

Date:



Signature

Name

BRIEF OF THE CANDIDATE

Name							
Post Applied For							
Department/Discipline							
Date of Birth	Year	Month	Day	Age as on Last date of Application	Year	Month	Day
Educational Qualification:							
Qualification	Year of Passing	No. of Attempts	Institution				
H.S.C							
+2 Science							
B.D.S.							
M.D.S							
Ph.D							
Any Examinations							
Certification of National / International regulatory body							
Experience (Teaching/Research) after obtaining essential qualification:							
Level/Designation	From	To	Duration (Year/ Month/Day)		Organization/ Institution		
Paper Publications :							
Published in	Pub Med	Other Index	Accepted for Publication		Presented at		
Total							
Chapter in Books							
Patent / Specialized Training							
Extra Mural / Intra Mural Project							
Notice period required for							
Present Place of Work							
Best Five Publications:							
	1						
	2						
	3						
	4						
	5						

Date:

Place:



Name

Signature of Candidate

Publication & Research Work

Sl. No. (Newer First)	Citation of Publication in Vancouver Style & Mention the type of the article	Year of Publicati on	Complete Journal Name	Applicant's Authorship sequence (1 st / 2 nd / 3 rd) or Corresponding Author	Pub Med / Other Index Journal	ISSN (P) ISSN (E) Impact Factor	Citatio ns

Date:

Place:

Name

Signature of Candidate



LIST OF ENCLOSURES

Sl. No.	Particulars of enclosures	Marked Page (s) / Tick ✓
1.	Application duly signed in each page.	
2.	Matriculation Certificate	
3.	Intermediate / + 2 Science	
4.	B.D.S. Certificate	
5.	M.D.S. Certificate	
6.	Experience Certificate(s)	
7.	Publication and Research Work	
8.	Certificates: SC / ST / BC (Non-Creamy Layer)/ EBC (Non-Creamy Layer)/ EWS along with Residential certificate.	
9.	Registration & Additional Registration with Dental Council of India or any other regulatory body .	
10.	Disability Certificate (If Applicable)	
11.	BRIEF OF THE CANDIDATE	
12.	NO OBJECTION CERTIFICATE	
13.	Bond Certificate/Bond Affidavit/Bond Relieving Certificate (If any)	
14.	Any others Relevant Documents	

Date:

Place:



Name

Signature of Candidate