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PROFORMA FOR THE POST OF LADY MEDICAL OFFICER & CASUALTY MEDICAL OFFICER

1. Advertisement No. : 05/Faculty-Non Faculty/IGIMS/Estt./2016

2. Name of the Post :

3. (a) Name of the Applicant :

(b) Registration Number : Reg. No. _____ Date _____

(MCI/State Medical Council)

4. Father/Mother's Name :

5. Date of Birth (with Proof of age) : Date Month Year.....

& Age on cut- off date : Yrs. Months Days

6. Whether belongs to SC/ST/EBC (MBC)/BC or Handicapped (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 Creamy layer along with Domicile Certificate should be attached).

7. Permanent Address :

8. Address for Correspondence :

9. Contact Number (Mobile/Land Line) :

10. Educational Qualification : (Attach all Certificates : Photocopy)

Sl. No.	Particular of Qualification	Board/Univ.	Year of passing	Marks Obtained	Percentage of Marks	Attempt

11. Working Experience (Attach all Certificates : Photocopy)

Sl. No.	Name of the Institution	Posted as	From	To	Special Training in the specialty of any

12. Status of employment : CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER.

Dated.....

Signature.....

Designation.....

13. Details of Bank Draft with Date of issue, Place and Amount

Name of the issuing Bank	Place & Date	D.D. No.	Amount

14. List of enclosures :

IMPORTANT

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

Place :

Date

Signature