



# INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14

## APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT

Affix your recent Photograph

1.	Advertisement No.	:	<u>06/Jr. Resident/IGIMS/Estt./2016</u>			
2.	Name of the Applicant	:				
	Permanent Registration Number (MCI/Bihar Medical Council)	:	<b>Reg. No. :</b>			
		:	<b>Date of Registration:</b>			
3.	Father's Name	:				
4.	Date of Birth (With Proof of Age)	:	<b>Date:</b>	<b>Month:</b>	<b>Year:</b>	<b>Age:</b>
5.	Whether belongs to <b>SC/ST/BC/MBC/BC (Female) or Handicapped:</b> .....					
(Cast Certificate issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate should be attached).						
6.	Permanent Address	:				
7.	Address for Correspondence	:				
8.	Contact Number (Mobile/Land Line)	:				
9.	Citizenship:	:				
10.	<b>Educational Qualification:</b> (Attach all Certificates: Photocopy)			<b>Screening Certificate in case of Foreign Degree</b>		
	<b>Examination Passed: MBBS</b>	<b>College/Institution.</b>	<b>Year of Passing</b>	<b>Marks Obtained</b>	<b>Percentage of Aggregate Marks in all Professional Examination.</b>	<b>Attempt</b>
11.	<b>Name of the College/Institution :</b>					
12.	<b>Date of Completion of Internship: From: ..... to .....</b>					
13.	<b>Department in order of preference:</b>					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			
14.	<b>Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject</b>					
	<b>Subject</b>	<b>From</b>	<b>To</b>	<b>Organization/Institution</b>		
15.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>					
	<b>Name of the issuing Bank</b>	<b>Place &amp; Date</b>	<b>D.D. No.</b>	<b>Amount</b>		

### PLEASE NOTE:

- 1) Incomplete application/s will be rejected straight away.
- 2) If it found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

### DECLARATION

I do hereby declare that the information/s furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date:

Signature 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 certificates/testimonials.