



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

## PROFORMA FOR THE POST OF SENIOR RESIDENT

Affix your recent  
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1.	Advertisement No.	: <b>Adv. No. 09/Sr. Resident-(Adhoc)/IGIMS/Estt./2016</b>			
2.	Name of the Post & Department applied for:	:			
3.	Name of the Applicant & Registration Number (MC/Bihar Medical Council)	Reg. No.		Dated:	
4.	Father's Name	:			
5.	Date of Birth (With Proof of Age) & Age on cut-off date.	<u>D/O/B:</u>	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>
		<u>Age:</u>	<u>.....Yrs.</u>	<u>.....Months</u>	<u>.....Days</u>
6.	Whether belongs to <b>SC/ST/BC-I, BC-II, BC (Female) or Handicapped:</b> ..... (Cast Certificate issued by the DM, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by DM for MBC (BC-I) and OBC (BC-II) 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.	<b>Education Qualification: Starting from MBBS (Attach all Certificates: Photocopy)</b>				
	<b>Particular of Qualification</b>	<b>Board/Univ.</b>	<b>Year of Passing</b>	<b>Marks Obtained</b>	<b>Percentage of Marks</b>
					<b>Attempt</b>
11.	<b>Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)</b>				
	<b>Name of the Institution</b>	<b>Posted as</b>	<b>From</b>	<b>To</b>	<b>Special Training in the specialty (if any)</b>
12.	<b>Status of Employment:</b>	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated.....	Signature .....	Designation .....	
13.	List of Enclosures				

Place:

Date:

Signature of the Applicant