

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR NON-FACULTY POST**

Affix your recent Photograph

1.	Advertisement No.	: Adv. No. 03/ Sr. Resident & Others-(Regular-Ad-hoc/Contract)/IGIMS/Estt./2017			
2.	Name of the Post applied for:	:			
3.	Name of the Applicant & Registration Number	: Reg. No.		Dated:	
4.	Father's Name	:			
5.	Date of Birth (With Proof of Age) & Age on cut-off date.	D/O/B: Age:	Date: .....Yrs.	Month: .....Months	Year: .....Days
6.	Whether belongs to <u>SC/ST/EBC (MBC), BC, BC- (Female) or Handicapped:</u> ..... 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.	<b>Educational Qualification: Starting from 10<sup>TH</sup>/MATRIC (Attach all Certificates: Photocopy)</b>				
	Particular of Qualification	Board/Univ.	Year of Passing	Division/Class	Marks Obtained
					Percentage of Marks
11	<b>Work Experience, if acquired after obtaining B. Sc Nursing &amp; Midwifery Degree (Attach all Certificates: Photocopy)</b>				
	Name of the Institution	Posted as	From	To	Nature of Duties (if any)
12.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated.....Signature .....Designation .....			
13.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>				
	Name of the Issuing Bank	Place & Date	D.D. No.	Amount	
14.	List of Enclosures				

Place:  
Date:

Signature of the Applicant