

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR THE POST OF SENIOR RESIDENT/ TUTOR**

Affix your recent Photograph

1.	Advertisement No.	: Adv. No. 05/Sr. Resident/IGIMS/Estt./2017				
2.	Name of the Post & Department applied for:	:				
3.	Name of the Applicant & Registration Number (MCI/State Medical Council)	:		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 <u>Creamy Layer, along-with Domicile Certificate</u> should be attached).					
7.	Permanent Address	:				
8.	Address for Correspondence	:				
9.	Contact Number (Mobile/Land Line)	:				
10.	Educational Qualification: Starting from MBBS (Attach all Certificates: Photocopy)					
	Particular of Qualification	Board/Univ.	Year of Passing	Marks Obtained	Percentage of Marks	Attempt
11	Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)					
	Name of the Institution	Posted as	From	To	Special Training in the specialty (if any)	
12	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT					
	1 st	2 nd	3 rd	4 th		
13. Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER					
	Dated.....SignatureDesignation					
14	Details of Bank Draft with Date of issue, Place and Amount					
	Name of the issuing Bank	Place & Date	D.D. No.	Amount		
15	List of Enclosures					

Place:
Date:

Signature of the Applicant