

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT**

1.	Advertisement No.	:	<u>06/Jr. Resident/IGIMS/Estt./2017</u>				Affix your recent Photograph			
2.	Name of the Applicant	:								
	Permanent Registration Number (MCI/Bihar Medical Council)	:	<table border="1" style="width: 100%;"> <tr> <td>Reg. No. :</td> <td></td> </tr> <tr> <td>Date of Registration:</td> <td></td> </tr> </table>					Reg. No. :		Date of Registration:
Reg. No. :										
Date of Registration:										
3.	Father's Name	:								
4.	Date of Birth (With Proof of Age)	:	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>	<u>Age:</u>				
5.	Whether belongs to SC/ST/BC/MBC/BC (Female) or Handicapped: (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.	Educational Qualification: (Attach all Certificates: Photocopy)			Screening Certificate in case of Foreign Degree						
	Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt				
11.	Name of the College/Institution :									
12.	Date of Completion of Internship: From: to									
13.	Department in order of preference:									
	1 st	2 nd	3 rd							
14.	Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject									
	Subject	From	To	Organization/Institution						
15.	Details of Bank Draft with Date of issue, Place and Amount									
	Name of the issuing Bank	Place & Date	D.D. No.	Amount						

PLEASE NOTE:

- Incomplete application/s will be rejected straight away.
- 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:

- One recent passport size photograph (Space Provided)
- Self attested copies of all certificates/testimonials.