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

1. Advertisement No. : 01/Walk-in-Interview-Medical Physicist/IGIMS/Estt/2022 Af 2. Name of the Post applied for: : Phe 3. Name of the Applicant :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PROFORM	A FOR APPLIC	CATION			
2. Name of the Post applied tor: : 3. Name of the Applicant : 4. Father's Name : 5. Date of Birth (with Proof of Age) & Age on 31-01-2022 <u>D/O/B:</u> <u>Date:</u> <u>Month:</u> <u>Year:</u> 6. Whether belongs to <u>SciETEBC (map, BC, BC, Exclamation Handlicapped:</u> <u>Months</u>	1. Advertisement I	No.						
4. Father's Name : 5. Date of Birth (with Proof of Age) & Age on 31-01-2022 DIO[18]: Date:	2. Name of the Po	Name of the Post applied for:		:				
Date of Birth (With Proof of Age) Di/O/B; & Age on 31-01-2022 Date: Age; Month: mum_Yrs. Year; Whether belongs to <u>SC/ST/EBC (MBC), BC, BC, Cfemaloor Handicapped</u> :	8. Name of the Ap	plicant	:					
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& Age on 31-01-2022 Age:								
Whether belongs to SC/ST/EBC (Mec), BC, BC-(Female)or Handicapped:								
Permanent Address : Address for Correspondence : Address for Correspondence : Contact Number(Mobile/Land Line) : Details of Bank Draft with Date of issue, Place and Amount Name of the issuing Bank Place & Date D.D. No.	. Whether belon the Circle Officer of	IGS to <u>SC/ST/EBC (MBC),</u> respective District/Circle for	BC, BC-(Female)	or Handicapped	: cile Certificate and Ca	Caste	Certificate issued by Circle Officer	
Contact Number(Mobile/Land Line) Educational Qualification(Attach all Certificates: Photocopy self-attested) Particular of Qualification Board/Univ. Year of Passing Division/Class Marks Obtained Pe Division/Class Marks Obtained Pe Passing Division/Class Division/Class Passing Division/Class Division/Class Passing Division/Class Passing Division/Class Passing Pe Passing Division/Class Passing Pe Passing Passing Division/Class Passing Pe Passing	. Permanent Ad		:		<u>oranisato</u> masi se attao			
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Name of the issuing Bank Place & Date D.D. No. Amou		Dated	Signature	e				
					D.D. No.		Amount	
4. List of Enclosures								
	4. List of Enclo	sures						

Place: Date:

Signature of the Applicant