INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCE,
SHEIKHPURA, PATNA – 800 014.

APPLICATION FORM

	Latest Photograph is to be pasted here

Application for the post:……………………………………………………

Project:……………………………………………………………..

No.	Field	
1.	Name (full in block letters)	
2.	Father's Name	
3.	(a) Date of Birth (Date/Month/Year)	☐☐ ☐☐ ☐☐ ☐☐
	(b) Present Age (as on last date of Application)	_____ Years _____ Months _____ Days
4.	Sex	
5.	Applying under SC/ST/OBC/EBC Category	OC/SC/ST/OBC/EBC (Circle the appropriate category)
6.	Are you Physically handicapped	Yes/No
7.	Address for communication street with Pin code	Applicant Name: Son/of: Door No.: Street: Village: Post: P. S.: District: State: Pin code:
8.	Mobile/Phone No. for Contact	
9.	Email ID	

10. Educational Qualifications:

Sl. No.	Exam Passed	Board/University	Year of Passing	% of Marks obtained	Subject Studies
1.	10th				
2.	12th				
3.	Graduation				
4.	Post-Graduation				
5.	Other Qualification, if any				
6.	Other				

11. Experience:

Sl. No.	Name of the Institution	Nature of employment*	Date of joining	Date of leaving	Years

*Provide Certificate of proof in support of your claim

12. Any other information:

      I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place:

Date:

                                                 Signature &
                                    Name of the Candidate