

**INDIRAGANDHIINSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR APPLICATION**Affix  
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1.	Advertisement No.	:	
2.	Name of the Post applied for:	:	
3.	Name of the Applicant	:	
4.	Father's Name	:	
5.	Date of Birth (With Proof of Age) & Age on 09.12.2022.	<b>D/O/B:</b> <b>Age:</b>	<b>Date:</b> <b>.....Yrs.</b>
		<b>Month:</b> <b>.....Months</b>	<b>Year:</b> <b>.....Days</b>
6.	Whether belong to <u>SC/ST/EBC(MBC), BC, BC-(Female) or Handicapped</u> ..... Caste 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 must be attached).		
7.	Permanent Address	:	
8.	Address for Correspondence	:	
9.	Contact Number (Mobile/Land Line)	:	
10.	<b>Educational Qualification</b> (Attach all Certificates: Photocopy self-attested)		
	<b>Particular of Qualification</b>	<b>Board/Univ.</b>	<b>Year of Passing</b>
			<b>Division/Class</b>
			<b>Marks Obtained</b>
			<b>Percentage of Marks</b>
11.	<b>Work Experience</b>		
	<b>Name of the Institution</b>	<b>Posted as</b>	<b>From To</b>
			<b>Nature of Duties (if any)</b>
12.	<b>Status of Employment:</b>	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENTS SIGNED BY HIS/HER PRESENT EMPLOYER	
		Dated..... Signature..... Designation.....	
13.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>		
	<b>Name of the issuing Bank</b>	<b>Place &amp; Date</b>	<b>D.D. No.</b>
			<b>Amount</b>
14.	<b>List of Enclosures</b>		

Place:  
Date:

Signature of the Applicant