



Department of Community Medicine  
**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES,**

**SHEIKHPURA, PATNA - 800 014 (Bihar, India)**

**Tel.: 0612 - 2297631, 2297099; Fax: 0612 - 2297225; Website: www.igims.org;**

**APPLICATION FORM**

1. Name of the Project :

2. Applying for the Post of :

3. Name of the Candidate :  
(In Block Letters)

4. Father's Name :

5. Date of birth (DD/MM/YY) :

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6. Age : Years \_\_\_\_\_ Months \_\_\_\_ Days \_\_\_\_.  
(as on the last date of application)

7. Sex : Male / Female

8. Category : SC / ST / OBC / EBC/Others

9. Are You Physically Handicapped : Yes/ No

10. Address for communication  
(with PIN Code) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Mobile Number for contact :

12. E-mail ID for contact :

Latest Photo graph  
to be pasted here

**Educational Qualification**

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

**Work Experience**

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

11 Any other Research Experience :

**DECLARATION**

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:

Signature of the Candidate

Date: