



INDIRAGANDHI INSTITUTE OF MEDICAL SCIENCES,
SHEIKHPURA, PATNA-800014 (Bihar, India) PROFORMA
FOR APPLICATION

1.	Advertisement No.	:				Affix your recent Photograph
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 14-02-2025	<u>D/O/B:</u>	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>	
		<u>Age:</u>	<u>.....Yrs.</u>	<u>... ..Months</u>	<u>.....Days</u>	
6.	Whether belongs to <u>SC/ST/EBC(MBC), EWS/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 <u>Creamy Layer, along-with Domicile Certificate</u> must be attached).					
7.	Permanent Address	:				
8.	Address for Correspondence	:				
9.	Contact Number (Mobile/Land Line)	:				
10.	<u>Educational Qualification</u> (Attach all Certificates: Photocopy self-attested)					
	Particular of Qualification	Board/Univ.	Year of Passing	Division/Class	Marks Obtained	Percentage of Marks

11.	Work Experience				
	Name of the Institution	Posted as	From	To	Nature of Duties (if any)
12.	Status of Employment: CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER Dated.....Signature.....Designation				
13.	Details of Bank Draft with Date of issue, Place and Amount				
	Name of the issuing Bank	Place & Date	D.D. No.	Amount	
14.	List of Enclosures				

Place:
Date:

Signature of the Applicant