



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

## PROFORMA FOR THE POST OF SENIOR RESIDENT

Affix your recent Photograph

1.	Advertisement No.	: ..... /Ad-hoc Senior Resident/IGIMS/059/2025								
2.	Name of the Post & Department applied for:	: Senior Resident								
3.	Name of the Applicant	:								
	& Registration Number (MCI/State Medical Council)	Reg. No. _____ Dated: _____								
4.	Father's Name	:								
5.	Date of Birth (With Proof of Age) & Age on cut-off date.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><u>D.O.B:</u></td> <td style="width:15%;"><u>Date:</u></td> <td style="width:15%;"><u>Month:</u></td> <td style="width:15%;"><u>Year:</u></td> </tr> <tr> <td><u>Age:</u></td> <td><u>.....Yrs.</u></td> <td><u>.....Months</u></td> <td><u>.....Days</u></td> </tr> </table>	<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>
<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>UR/EWS/BC/EBC/SC/ST &amp; Female of All category or Handicapped:</u> ..... <small>Cast 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 &amp; EWS Certificate issued by Circle Officer, should be attached).</small>									
7.	Permanent Address	:								
8.	Address for Correspondence	:								
9.	Contact Number (Mobile/Land Line)	:								
10.	<b>Educational Qualification: Starting from MBBS/BDS</b> (Attach all Certificates: Photocopy)									
	Particular of Qualification	Board/Univ. Year of Passing Marks Obtained Percentage of Marks Attempt								
11.	Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)									
	Name of the Institution	Posted as From To Special Training in the specialty (if any)								
12.	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT									
	1 <sup>st</sup> .....	2 <sup>nd</sup> ..... 3 <sup>rd</sup> ..... 4 <sup>th</sup> .....								
13.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER								
		Dated.....Signature ..... Designation .....								
14.	Details of Bank Draft with Date of issue, Place and Amount									
	Name of the issuing Bank	Place & Date D.D. No. Amount								
15.	List of Enclosures									

I, hereby declare that the information and documents given by me in/with the proforma is correct to the best of my knowledge, and I shall abide by the Rules and Regulation of IGIMS.

Place:  
Date:

Signature of the Applicant