



# INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute of Government of Bihar)

Sheikhpura, Patna- 800014. Phone: 0612- 2297631,2297099

Website- [www.igims.org](http://www.igims.org) email-[hodcardiologyigims@gmail.com](mailto:hodcardiologyigims@gmail.com)

## DEPARTMENT OF CARDIOLOGY

Letter No. IGIMS/Cardio/ 33/2025

Date - 13/02/2025

### WALK-IN -INTERVIEW FOR SENIOR RESIDENCY

A walk-in-interview of eligible Indian citizen, for appointment as Senior Resident under adhoc appointment for 89 days in Department of Cardiology of this Institute has been fixed on 21/02/2025 in the HOD.Cardiology Chamber, (Poly wing Clinic 3rd floor), IGIMS, Patna-14 as mention below. (Interested candidate must report: up-to 10:00 AM on the date of interview. Document verification will be done same day before the date of interview in the HOD. Cardiology Chamber, (Poly wing clinic 3<sup>rd</sup> floor) Noted under:-

SENIOR RESIDENTS UNDER 89 DAYS RESIDENCY PROGRAMME:				
S.No.	Department	No of Post	Reservation	Date & Time
01	Cardiology	09 (Nine)	UR - 03, UR(F) - 01,	21/02/2025 10:00 AM
			EBC- 02	
			BC- 01	
			SC - 01	
			EWS - 01	

Indian citizen who fulfill the essential qualification, are required to participate in the Walk- in interview as mentioned above, along-with their application form in the prescribed Performa with requisite fee and copies of all supportive certificate/document including all original Certificate /documents, as proof of age, Qualification. Reservation, Caste etc. (Please present original certificate, before the interview Board).

Details of Post, requisite qualification, experience, Upper age limit, pay-Scale, reservation rule (Physically-Handicapped will be give the benefit of reservation and relaxation as per rule of Govt. of Bihar. Reservation benefit shall be applicable to Bihar State Domicile Candidate only) etc, can be seen and Performa of application can be download from institute's website [www.igims.org](http://www.igims.org).

### DETAIL, TERM & CONDITION OF SENIOR RESIDENTS UNDER 89 DAYS SENIOR RESIDENCY PROGRAMME

Note: Reservation benefit shall be applicable to Bihar State Domicile Candidate only and the application from out-side the state of Bihar will not be entitled for the reservation; Physically -Handicapped Candidates will be given the benefit of reservation and relaxation as per rule of Govt. of Bihar.

Pay Scale- As per Institute rule,

Upper Age limit: 45 (Forty -Five )Years as on 21 February 2025 (Relaxation as per State Govt. Rule, I.e., 05 Years for SC/ST,03 Years for EBC/BC and 03 years for all categories of Female Candidate).

Essential Qualification & Experience for Senior Resident

MS/MD Medicine

The qualification prescribed is minimum requirement and the same does automatically make the candidates eligible for interview, Based on bio-data an interview, the selection committee of the institute will select the candidate for appointment. Candidates, have to produce all original relevant certificates, in proof of details in their application at the time of interview/Documents verification.

### GENERAL INSTRUCTION

- 1 Application form can be downloading from our website [www.igims.org](http://www.igims.org). The cost of application form: - RS.1000/- (Rupees one Thousand) For UR/EWS/BC/EBC candidate and RS.250/- (Rupees Two Hundred & Fifty) for SC/ST candidate (Non- refundable payable to The Director, IGIMS, Patna, in the form of Demand Draft.

Sd/-

Dr Ravi Vishnu Prasad  
Professor & Head  
Department of Cardiology  
IGIMS, Patna

Copy to : Director, Dean, MS and BME for uploading website

Dr Ravi Vishnu Prasad  
Professor & Head

Department of Cardiology  
IGIMS, Patna



डॉ. रवि विष्णु प्रसाद  
Dr. RAVI VISHNU  
MD (Medicine), DM (Cardiology)  
FACC (USA), FSCAI (USA)  
PROFESSOR & HEAD (HOD)  
Department of Cardiology  
IGIMS PATNA, BIHAR -14  
OPD - चिकित्सक संचालित

Received  
13/02/25





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

## PROFORMA FOR THE POST OF SENIOR RESIDENT

Affix your recent Photograph

1.	Advertisement No.	: 01 /Ad-hoc Senior Resident/ Cardio/IGIMS/Estt./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.	D.O.B:	Date:	Month:	Year:
		Age:	.....Yrs.	.....Months	.....Days

6.	Whether belongs to <u>UR/EWS/BC/EBC/SC/ST &amp; Female of All category or Handicapped</u> : ..... 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 <u>Creamy Layer</u> , along-with Domicile Certificate & EWS Certificate issued by Circle Officer, should be attached).
----	---

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