

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT**

1.	Advertisement No.	: <u>07/Jr. Resident/IGIMS/Estt./2018</u>				Affix your recent Photograph
2.	Name of the Applicant	:				
	Permanent Registration Number (MCJ/Bihar Medical Council)	Reg. No. :		Date of Registration:		
3.	Father's Name	:				
4.	Date of Birth (With Proof of Age)	Date:	Month:	Year:	Age:	
5.	Whether belongs to <u>SC/ST/BC/MBC/BC (Female) or Handicapped</u> : .....					
<small>(Cast Certificate issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate should be attached).</small>						
6.	Permanent Address	:				
7.	Address for Correspondence	:				
8.	Contact Number (Mobile/Land Line)	:				
9.	Citizenship:					
10.	<b>Educational Qualification:</b> (Attach all Certificates: Photocopy )			<b>Screening Certificate in case of Foreign Degree</b>		
	Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt
11.	Name of the College/Institution :					
12.	Date of Completion of Internship: From: ..... to .....					
13.	Department in order of preference:					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			
14.	Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , If so mention the department/period subject					
	Subject	From	To	Organization/Institution		
15.	Details of Bank Draft with Date of issue, Place and Amount					
	Name of the issuing Bank	Place & Date	D.D. No.	Amount		

**PLEASE NOTE:**

- 1) Incomplete application/s will be rejected straight away.
- 2) If it found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

**DECLARATION**

I do hereby declare that the information/s furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date:

Signature of the Applicant

**N.B. : Please affix the following with the application form:**

1. One recent passport size photograph (Space Provided)
2. Self attested copies of all certificates/testimonials.