

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

PROFORMA FOR NON-FACULTY POST

Affix your recent Photograph

1.	Advertisement No.		: Adv. No10/No	on-Faculty Post/IG	GIMS/Estt./2018			
2.	Name of the Post ap	oplied for:	*					
3.	Name of the Applica	nt	•					
4.	Father's Name							
5.	Date of Birth (With Proof & Age on 24-11-18.	f of Age)	<u>D/O/B:</u>	<u>Date:</u>	Month:	Year:	***************************************	
6.	Whether belongs to <u>sc/st/EBC (</u> issued by the Circle Officer of respective D		Age:YrsMonthsDays (MBC), BC, BC- (Female) or Handicapped:Cast Certificate District/Circle for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued tes with exemption of Creamy Layer, along-with Domicile Certificate should be attached).					
7.	Permanent Address		·	Tor <u>Greatily Laye</u>	, along-with Domicile Ge	tilicate should be att	acrieu).	
8.	Address for Corresp	ondence	:					
9.	Contact Number (N	Mobile/Ļand	:					
10.	Educational Qualifi	cation: St	arting from	10 TH /MATE	RIC (Attach all Certific	ates: Photocopy)		
Parti	cular of Qualification	Board	d/Univ.	Year of Passing	Division/Class	Marks Obtained	Percentage of Marks	
11		Wo	rk Experience,	(Attach all Cert	ificates: Photocopy)			
		ed as From To			Nature of Duties (if any)			
						*		
		7						
12. Sta	tus of Employment:	NDIDATE ALREAD	Y EMPLOYED SHO	ULD GET THE FOLL	OWING ENDORSEMENT SIGN	ED BY HIS/HER PRESEN	T EMPLOYER	
		ited	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