



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

## APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT

1.	Advertisement No.	:	<u>06/Jr. Resident-Sr. Resident-Tutor/IGIMS/Estt./2019</u>			
2.	Name of the Applicant	:				
	Permanent Registration Number (MCI/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.	<b>Whether belongs to</b> <u>SC/SC(Female)/ST/ST(Female)/BC/BC(Female)/EBC/EBC(Female)/U/R/U/R(Female)/EWS/EWS(Female)OR Handicapped</u> : .....					
	(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 & EWS candidates also submit the EWS certificate).					
6.	Permanent Address	:				
7.	Address for Correspondence	:				
8.	Contact Number (Mobile/Land Line)	:				
9.	Citizenship:					
10.	<b>Educational Qualification:</b> (Attach all Certificates: Photocopy )			<u>Screening Certificate in case of Foreign Degree</u>		
	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	

Affix your recent Photograph

### PLEASE NOTE:

- Incomplete application/s will be rejected straight away.
- 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:

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