



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

## APPLICATION FORM FOR THE POST OF Senior Resident-Tutor

1.	Advertisement No.	:	<u>03/Sr. Resident-Tutor/IGIMS/Estt./2020</u>				Affix your recent Photograph
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.	<b>Whether done any Senior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject</b>						
	Subject	From	To	Organization/Institution			
15.	<b>Details of Bank Draft with Date of issue, Place and Amount</b>						
	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 Sr. 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.