|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**    **PROFORMA FOR THE POST OF SENIOR RESIDENT** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| 1. | | Advertisement No. | | | | : **Adv. No. 09/Sr. Resident-(Adhoc)/IGIMS/Estt./2016** | | | | | | | |
| 2. | | Name of the Post &  Department applied for: | | | | :  : | | | | | | | |
| 3. | | Name of the Applicant  **& Registration Number**  **(MCI/Bihar 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 **SC/ST/BC-I, BC-II, BC (Female) or Handicapped:** .........................................................  **(Cast Certificate issued by the DM, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by DM for MBC (BC-I) and OBC (BC-II) candidates with exemption of Creamy Layer, along-with Domicile Certificate should be attached).** | | | | | | | | | | | |
| 7. | | Permanent Address | | | | | : | | | | | | |
| 8. | | Address for Correspondence | | | | | : | | | | | | |
| 9. | | Contact Number (Mobile/Land Line) | | | | | : | | | | | | |
| 10. | | **Education Qualification: Starting from MBBS (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. **Status of Employment:** | | | | **CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER**  Dated………………Signature …………………………Designation ……………………………. | | | | | | | | | |
| 13. | **List of Enclosures** | |  | | | | | | | | | | |

Place:

Date:

Signature of the Applicant