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|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**    **APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT** | | | | | | | | | | | | | | | |
| 1. | Advertisement No. | | | | : **06/Jr. Resident/IGIMS/Estt./2017** | | | | | | | | | | | | |
| 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. | Whether belongs to **SC/ST/BC/MBC/BC (Female) or Handicapped:** .........................................................  **(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).** | | | | | | | | | | | | | | | | |
| 6. | Permanent Address | | | | | : | | | | | | | | | | | |
| 7. | Address for Correspondence | | | | | : | | | | | | | | | | | |
| 8. | Contact Number (**Mobile/Land Line**) | | | | | : | | | | | | | | | | | |
| 9. | Citizenship: | | | | |  | | | | | | | | | | | |
| 10. | **Educational Qualification: (Attach all Certificates: Photocopy )** | | | | | | | | | | **Screening Certificate in case of Foreign Degree** | | | | | | |
| **Examination Passed: MBBS** | | **College/Institution.** | | | | | **Year of Passing** | | **Marks Obtained** | | | **Percentage of Aggregate Marks in all Professional Examination.** | | | | **Attempt** | |
|  | |  | | | | |  | |  | | |  | | | |  | |
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| 11. | **Name of the College/Institution :** | | | | | | | | | | | | | | | | |
| 12. | **Date of Completion of Internship: From: ……………………… to ………………………..** | | | | | | | | | | | | | | | | |
| 13. | **Department in order of preference:** | | | | | | | | | | | | | | | | |
| **1st** | | | **2nd** | | | | | | | | | | **3rd** | | | |
| 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.