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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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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.