

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES; SHEIKHPURA: PATNA-800014

PROFORMA	FOR FACILI	TY POSTS
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Po	st applied for	<u>I KOI OKIMA</u>					MS/Estt./2018.	Affix your recent
	partment:							pass-port size
1.	Name in block letter		T					photograph here
2	(a) <u>Permanent Address</u>							
	(b) Postal Address							
	;c) <u>Tele./Mob. No</u> .							
3	(d) E-mail ld. Date of Birth with documentar	v evidence and age as on				Date	of Birth	
	cut-off date	y evidence and age as on	Day	Mont	h\		: Age:	
4	Are you (a) Citizen of India by birth and o	ar by dominilo?					<u> </u>	
	(b) A person having migrated from	om Pakistan with the intention						
	of permanently setting in Indi Sikkim?	a OR a subject of Nepal OR						
5	Are you a Scheduled Caste/S Candidate/ Ex-Serviceman? (Att							
6	Name of the state to which yo		† 					
7	Father's Name							
	Address Occupation							
	If dead, state his last address and Is or was your father alive?	occupation before death.						
	(a) A citizen of India by birth or by	domicile?						
	 A person having migrate Intention of permanently s 	d from Pakistan with the etting in India or a subiect						
	of Portuguese possession	in India?						
8-	Particulars regarding your University	ersity or Higher Education. College, if any	,	Dat	te of er	ntrv	Date of le	aving
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9-	Examination passed including p			NI- C ::		Dia a		1
	Name of the Examination	Months & Year of Passing examination	y tne	No. of atter	пртеа	Distinction	or prize if any in any o	more subjects.
	st-graduate qualification in ence Faculty (M.Sc.)							
Ph.	, , ,							
M.E	B.B.S.							
Pos	stgraduate Medical Education							
` '	MD/MS/MDS/DM/M.Ch ase indicate duration of							
_	ase indicate duration of M.Ch. Course)							
(i)								
(ii)								
Any	other examination(s)							
	Research experience if any tog	ether with details of publish	ned wo	rks, reprints	of suc	h works sh	ould also be submitte	ed, if available.
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	ference should be given, if r exed/well known medical or scie							
	nographs or test on the subject)	,						

ve se	ch Certificate. you willing to accept the min st initial pay that you would a lected what notice would you	accept in	the prescribe	ed scale?	ite wh	nat is the		
ım	of enclosures. ber, date and the amount of IDIDATE ALREADY EMPLO	the Der	nand Draft en	closed. THE FOLLOW	/ ING	ENDORSEMENT SIG	NED BY	HIS/HER PRESENT EMPLO
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	•		Date of I	Departure	P	eriod of Stay abroad	Р	urpose of stay abroad
	State foreign language (a) To read and wr (b) To speak also?	ite?	uages you kn	ow	<u> </u>			
-	Where have you been Name of the employer		ed? Give parti e of joining	iculars below:- Date of leav		Name of the post h state whether tempo substantively)	eld(also rarily or	Pay Scale and present rate of pay and allowances

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: PATNA-14 (Please fill this pro-forma neatly typed)

Post applied for				to of bindle				
Name Date of birth								
Whether belong to SC/ST/BC/EBC Minimum Basic Pay acceptable Minimum Basic Pay acceptable								
Present Employer (Institution) Minimum joining time required								
Whether "No Objection Certificate" furnished: Yes/No/Not applicable Total teaching experience after M.D./M.S./M.D.S./D.M./M.Ch Years Month								
Present Position Academic Qualification Present Basic Pay with Pay Scale Rs Publication and Research Work (Give number only)								
Degree(Examinations)	Months &	No. of		<u>Fublication a</u>	Published	Under	1 st Author /	
of (M.D./M.S./M.D.S./	Year	attempts			Published	Publication		
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Number of so	List should be enclosed separately) Research Guidance Number of scholars who have been awarded D.M. /M.Ch. / M.D. / M.S. /M.D.S./Ph.D. degrees under your Supervision both as guide & Co-guide							
	<u>Awa</u>	<u>arded</u>			<u> </u>	<u>Jnder Subm</u>	<u>nission</u>	
Ph. D								
M.D./M.S	M.D./M.S							
M.D.S								
D.M./M.Ch.								
TEACHING/RESEARCH EXPERIENCE								
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1) Research Projects as Chief Investigator

Total amount

- Source of funding Year Awards, fellowships and membership of professional bodies (Enclose Evidence)
- 3) Membership of Editorial Board of Indexed International Journals/Review Committees of National bodies Institutions (Enclose Evidence).
- 4) Services: (Contributions made towards the development of new unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patients taken (enclose evidence)
- 5) 6) Contributions in community & national programs (Enclose Evidence)
- Describe your most notable contribution in Teaching and Research in 200 words.

IMPORTANT

I, hereby declare that the information and documents given by me in the per-forma is correct to the best of my knowledge.

Signature	
Name	