

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

	Name in block letter						
(a) Permanent Address in block letter  (b) Postal Address in block letter  (c) Tele./Mob. No.  (d) E-mail Id.  3 Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate) DayMonth	2						pass-port si
(a) Permanent Address in block letter  (b) Postal Address in block letter  (c) Tele./Mob. No.  (d) E-mail Id.  Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate)  Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.							photographi
(c) Tele./Mob. No.  (d) E-mail Id.  Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate)  Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.							
(d) E-mail Id.  Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate)  Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.	(b) Postal Address in block letter		,				
Date of Birth with documentary evidence and age as on cut-off date (Matriculation Certificate)  Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.	(c) <u>Tele./Mob. No</u> .						
cut-off date (Matriculation Certificate)  Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.							
Name of the state to which you belong?  Father's Name  Particulars regarding your University or Higher Education.			DayMo	onth	Date of Year	of Birth : Age:	
Particulars regarding your University or Higher Education.		REPORTED TO A CONTRACTOR OF A					
	Father's Name						
	-Particulars regarding your University or	r Higher Education	<u> </u>				
				Date of e	ntry	Date of le	eaving
-Examination passed including postgraduate examination.  Name of the Examination   Months & Year of Passing the   No. of attempted   Distinction or prize if any in any or more sub							
examination	-Examination passed including postgra		the No of a	ttemated	Distinction	or prize if any in any	or more subjects
	Name of the Examination More examination	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
	Name of the Examination More examination example More example example More example More example More example More example More example example example More example example More example Mo	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
	Name of the Examination More examination B.B.S.  t Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
1 Gal	Name of the Examination More examination examination with Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
<sup>h</sup> & Final Year	Name of the Examination More examination  B.B.S.  Year  Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
ostgraduate Medical Education	Name of the Examination More examination  B.B.S.  If Year  If Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
ostgraduate Medical Education ) MD/MS	Name of the Examination More examination  I.B.B.S.  St Year  Mrd Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
ostgraduate Medical Education ) MD/MS	Name of the Examination More examination  I.B.B.S.  St Year  Mrd Year	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
ostgraduate Medical Education	Name of the Examination More examination  I.B.B.S.  St Year  The Year  The Year  The Final Year ostgraduate Medical Education	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects
ostgraduate Medical Education MD/MS	Name of the Examination Morexal B.B.S.  Tyear  Year  Year  Syear  Kendal Year  Kendal Year  Styraduate Medical Education MD/MS	nths & Year of Passing	g the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.
ostgraduate Medical Education MD/MS	Name of the Examination More examination  B.B.S.  Year  Year  Year  Second Final Year  Se	nths & Year of Passing	the No. of at	ttempted	Distinction	or prize if any in any o	or more subjects.

<u> </u>	LOYER Dated						
	Signature						
	Designation Have you been outside	e India? If so give the	ne following particul	ars:-			
Г	Tidvo you boom outora	Date o	f Departure	Period of Stay abroad	P	urpose of stay abroad	
	State foreign language	e or languages you l	now				
	(a) To read and w (b) To speak also Where have you been	?	rticulars helow:-				
-	Name of the employer	Date of joining	Date of leaving	Name of the post held(also state whether temporarily or substantively)		Pay Scale and preser rate of pay an allowances	