INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA – 800 014 (Bihar, India) PROFORMA FOR APPLICATION											
1.	Advertisement No.				Aff	_ Affix your recent Photograph					
2.	2. Name of the Post applied for:										
3.	Name of the Applicant		:								
4.	Father's Name		:								
5.	Date of Birth (With Proof of Age) & Age on 04-01-2025		D/O/B: Age:		<u>Date:</u> Yr		Month:		<u>Year:</u> Days		
6.	6. Whether belongs to <u>SC/ST/EBC</u> (MBC), EWS/BC, BC-(Female)or Handicapped:Caste Certificate issued by the Circle Officer of respective District/Circle for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of <u>Creamy Layer, along-with Domicile Certificate</u> must be attached).										
7.	Permanent Address			:							
8.	Address for Correspondence		:								
9.	D. Contact Number(Mobile/Land Line)			:							
10.	10. Educational Qualification(Attach all Certificates: Photocopy self-attested)										
Particular of Qualification Board/U		niv.	Year Passi		ivision/Class	Marks Obtaine		Percentage of Marks			

11. Work Experience										
Name	of the Institution	Poste	d as	From	То	Nature of Duties (if any)				
12.Status o	f Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER								
		DatedDesignation								
13. Details of Bank Draft with Date of issue, Place and Amount										
	Name of the issui	ng Bank	Pla	ce & Date	D.D. No	•	Amount			
14.	List of Enclosures									

Place: Date:

Signature of the Applicant