(3)	INDIRA GANDHI	PROF	ORMA FOR THE	E POST OF S	ENIOR RESIDE	NT		Affix your recent	
1.	Advertisement No.			:/Ad-hoc Senior Resident/IGIMS/RM/2024					
2.	Name of the Post &		: Senior	: Senior Resident					
	Department applied f	or:	1:						
3.	Name of the Applicar	nt		n ann de seine ann an Season ann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann Aireann an Aireann an	Committee property of the following format by the following arrows and the following and the following arrows and the following arrows and the following arrows and the following arrows are and the following arrows and the following arrows are also and the following arrows are also				
	& Registration Number		Don No		description of the second	TF	Dated:		
4	(MCI/State Medical Council)		Reg. No	Reg. No.					
4.	Father's Name					-CENTRAL METERS OF COMPANY OF PERSONS AND ADDRESS OF THE SECOND S	ang palakasa sa rabamana manaka permanek telah		
5.	Date of Birth (With Proof	of Age)	D.O.B:	Date:	Month:		Year:		
	& Age on cut-off date.		Age:	Уі	rs	Months	Da	Days	
6.	Whether belongs to UI Cast Certificate Issued by th Certificate Issued by Circle Of Certificate Issued by Circle Of	e Circle Office	r of respective D	intrintifficala for	SCIST candidates	along-with	Domicile Ge	ertificate and Cast e Certificate & EW	
7.	Permanent Address	:	•						
			The second secon						
8.	Address for Correspo	ondence	•						
	Contact Number (Mo	obile/Land Lir	ie) :						
9. 10.	Contact Number (Mo	obile/Land Lir	ne) : arting from N	MBBS/BDS	(Attach all Certif	icates: Ph	otocopy)	Attempt	
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9. 10. Pari	Contact Number (Mo Educational Qualification	obile/Land Lir cation: Sta Board	ne) : urting from II //Univ.	Year of Passing	Marks Obtained	Percents	ertificates:		
9. 10. Pari	Contact Number (Mo Educational Qualification ticular of Qualification	obile/Land Lir cation: Sta Board	ne) : Inting from II I/Univ.	Year of Passing	Marks Obtained IS/MDS Degree (A	Percents	ertificates:	Photocopy)	
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I, hereby declare that the information and documents given by me in/with the proforma is correct to the best of my knowledge, and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date: