de la		PRO			ST OF SENIO	SHEIKHPURA: R RESIDENT	Affix your		
	Advertisement No	,	1				recent		
	Name of the Post	: Senior R	: Senior Resident						
	Department appl								
	Name of the Applicant								
	& Registration Number (NMC/ State Medical Council)		Reg. No.	Reg. No.		Dated:	Dated:		
	Father's Name	The state of the s	: Charles and the contract of						
	Date of Birth (with Age on cut-off date)	Date of Birth (with proof of Age & Age on cut-off date)			Date:	Month:	Year:		
			Age:		Yrs	Month	sDavs		
	(Domicile Certificate and	l Caste Certificate is cle Officer for EBC S candidates should	ssued by the Circle (MBC) and BC of	Officer of res	spective District/ Cir	Handicapped: rele for SC/ST candidates; my layer; Domicile Certific	Domicile Certificate and Ca		
	Address for Correspondence :								
	Contact Number	(Mobile/Land Line	10) :						
	Educational Qua	lification: Sta	rting from N	BBS (Atta	ich all certificate	Photocopy)			
Particular of Qualification Board		d/Univ.	/ Univ. Year of Passing		rks Percen nined Ma				
10.000									
-									
	Teaching or working	ng Experience,	if acquired af	ter obtaini	ng MD/ DNB D	egree (Attach all Cer	tificates: Photocopy)		
Van	ne of the Institution	Posted					Special Training in the speciality (if any)		
	1 1					1			
	List of publications and presentations as per NMC guidelines. Attach reprints of publications/ copy of certificate of presentations.								
. St	atus of Employment:	If employed	, attach photo	copy of N	OC from the e	mployer.			
14. Details of Bank Draft with Date of issue, place and Amount									
	Name of the issuing Bank P		Place & date I		D.D. No.	Amount	Amount		
	List of Enclosure				1				

to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

P	DO:	120	0 =

Date

Signature of Applicant