Post	INDIKA G	ANDHI INSTITUT	E OF M	EDICAL	SCIE	ENCE	S: SHEIKHPU	RA: PA	NA-14 (
	APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT									
1.	Advertiseme	T:	: 02/Jr. Resident/IGIMS/Estt./2025-Jan							
2.	Name of the Applicant Permanent Registration Number (MCI/Bihar Medical Council)		1:						recent Photograph	
			Reg. No. : Date of Registration:							
3.	Father's Name :									
4.	Date of Birth (With Proof of Age)		Date	Date: Month: Year:				Age:	Age:	
5.	Whether belongs to SC/ST/BC/EBC/BC (Female),EWS,UR or Handicapped : (Cast Certificate Issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate Issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate & EWS Candidate also attached to EWS certificate).									
3.	Permanent Address :									
7.	Address for (•							
3.	Aadhaar Nun		:							
3.	Contact Number (Mobile/Land Line) :									
9.	Citizenship:									
0.	NEET -PG- 202									
1.	NEET -PG- 202	4 Application No.								
2.	Total Marks Ob	tained NEET-PG-2024								
3.	Educational	Qualification: (Attac	h all Certificat	es: Photocopy	1)	Scre	ening Certificate in ca			
		College/Institut		Year of Passing	Marks Obtained		Percentage of Aggregate Marks in all Professional Examination.		Attempt	
14.	Name of the C			i +						
5.	Date of Completion of Internship: From: to									
6.	Department in o	2 nd	3 rd							
17.	Whether done any Junior Residency (Non-		on-Academic	Academic) at IGIMS or out-side, if so			so mention the depar	o mention the department/period subject Organization/Institution		
	Subject		From	rom <u>To</u>			Organization/institution			
	Details of Bank Draft with Date of issue, Name of the issuing Bank			Place and Amount Place & Date				D.D. No.		

Incomplete application/s will be rejected straight away.

If it found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

DECLARATION

I do hereby declare that the information/s furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS. Place: Date:

Signature of the Applicant