

1	PROFORMA FOR THE POST OF SENIOR RESIDENT Advertisement No.							A 14				
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3.	Name of the Applicant		:Anes	:Anesthesiology						Photograpi		
	& Registration Name									notograpi		
	& Registration Number (NMC/ State Medical Council)											
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4.	Father's Name				Dated:							
	Date of Birth (with proof of Age & Age on cut-off date)		e DOB	D.O.B: Date:								
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the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

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Date

Signature of Applicant