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|  | | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**    **PROFORMA FOR THE POST OF SENIOR RESIDENT** | | | | | | | | | | | | | | | | |
| 1. | | Advertisement No. | | | | | | : **01/Ad-hoc Senior Resident/ENT/IGIMS/Estt./2025** | | | | | | | | | | | |
| 2. | | Name of the Post &  Department applied for: | | | | | | : Ad- hoc Senior Resident  : | | | | | | | | | | | |
| 3. | | Name of the Applicant  **& Registration Number**  **(MCI/State Medical Council)** | | | | | | :   |  |  | | --- | --- | | **Reg. No.** | **Dated:** | | | | | | | | | | | | |
| 4. | | Father’s Name | | | | | | : | | | | | | | | | | | |
| 5. | | Date of Birth (With Proof of Age)  & Age on cut-off date. | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **D.O.B:** | **Date:** | **Month:** | **Year:** |  | | **Age:** | **………Yrs.** | **………....Months** | **………Days** |  | | | | | | | | | | | | |
| 6. | | Whether belongs to **UR/EWS/BC/EBC/SC/ST & Female of All category or Handicapped:** ......................................... **Cast 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 Creamy Layer, along-with Domicile Certificate & EWS Certificate issued by Circle Officer should be attached).** | | | | | | | | | | | | | | | | | |
| 7. | | Permanent Address | | | | | | | : | | | | | | | | | | |
| 8. | | Address for Correspondence | | | | | | | : | | | | | | | | | | |
| 9. | | **Contact Number** (Mobile/Land Line) | | | | | | | : | | | | | | | | | | |
| 10. | | **Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: Photocopy)** | | | | | | | | | | | | | | | | | |
| **Particular of Qualification** | | | | | **Board/Univ.** | | | | | **Year of Passing** | | | **Marks Obtained** | | | **Percentage of Marks** | | **Attempt** | |
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| 11 | **Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)** | | | | | | | | | | | | | | | | | | |
| **Name of the Institution** | | | | | **Posted as** | | | | | **From** | | **To** | | | **Special Training in the specialty (if any)** | | | | |
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| 12 | **NAME OF THE DEPARTMENT IN CHRONOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT** | | | | | | | | | | | | | | | | | | |
| 1ST ……………………… | | | | | 2nd ………………….. | | | | | 3rd ………………….. | | | | 4th ……………………. | | | | |
| 13. **Status of Employment:** | | | | **CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER**  Dated………………Signature …………………………Designation ……………………………. | | | | | | | | | | | | | | | |
| 14 | **Details of Bank Draft with Date of issue, Place and Amount** | | | | | | | | | | | | | | | | | | |
| **Name of the issuing Bank** | | | | | | **Place & Date** | | | | | | | **D.D. No.** | | | **Amount** | | |
|  | | | | | |  | | | | | | |  | | |  | | |
| 15 | **List of Enclosures** | |  | | | | | | | | | | | | | | | | |

***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: Signature of the Applicant