



# **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**

## **PROFORMA FOR THE POST OF SENIOR RESIDENT**

Affix your recent  
Photograph

1.	Advertisement No.					
2.	Name of the Post & Department applied for.					
3.	Name of the Applicant					
	& Registration Number (State Dental 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 <u>UR/EWS/BC/EBC/SC/ST &amp; Female of All category or Handicapped</u> : ..... 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 <u>Creamy Layer</u> 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.	<b>Educational Qualification: Starting from BDS (Attach all Certificates: Photocopy)</b>					
	Particular of Qualification	Board/Univ.	Year of Passing	Marks Obtained	Percentage of Marks	Attempt
11.	<b>Teaching or working Experience, If acquired after obtaining MDS Degree (Attach all Certificates: Photocopy)</b>					
	Name of the Institution	Posted as	From	To	Special Training in the specialty (If any)	
12.	<b>NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT</b>					
	1 <sup>st</sup> .....	2 <sup>nd</sup> .....	3 <sup>rd</sup> .....	4 <sup>th</sup> .....		
13.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER				
		Dated..... Signature ..... Designation .....				
14.	<b>Details of Bank Draft with Date of Issue, Place and Amount</b>					
	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