| 4 | INDIRA GAND | DHI INSTITUTE | | | | PURA,P | ATNA-14 Affix your recent |
|---|--|--|--|------------------------|-------------------------|------------------|-------------------------------------|
| 1. | Advertisement N | MA FOR THE POST OF SENIOR RESIDENT :01/Ad-hocSenior Resident/Gen.Med/IGIMS/Estt./2025 | | | | Photograph | |
| 2. | Name of the Post & Department applied for: | | :Senior Resident | | | | |
| | | | : General Medicine | | | | |
| 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: | <u>Date:</u> Yrs. | Month: | <u>Year:</u> | <u>ays</u> |
| 6. | Cast Certificate Issued b | O <u>UR/EWS/BC/EBC/SC/</u> y the Circle Officer of resp for EBC (MBC) and BC ca should be attached). | ective District/Ci | rcle for SC/ST car | didates along-with Domi | cile Cartificate | and Casto Cortifica |
| 7. | Permanent Addre | : | | | | | |
| 8. | Address for Corre | : | | | - | | |
| 9. Contact Number(Mobile/Land Line) 10. Educational Qualification: Starting Particular of Qualification Board/University | | | ng from MBBS/BDS (Attach all Certificates: Photocopy) V. Year of Marks Obtained Percentage of Marks Attempt Passing | | | | |
| | | | | | | | |
| 11 | Teaching or wor Name of the Institution | king Experience, if acq Posted as | | aining MD/MS/M From | | | Photocopy) ne specialty (if any) |
| 12 | NAME OF THE DE | PARTMENT IN CHRONOG | | APPLICATIONS A | | THAN ONE DE | |
| 13.st | atus of Employment: | | | | E NDORSEMENT SIGNED BY | HIS/ HER PRESE | ENTEMP LOYER |
| 14 | Details of Bank Draft Name of the issui | Details of Bank Draft with Date of issue, Pl Name of the issuing Bank | | | D. D. No. | D. D. No. | |
| 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