(2)	INDIRA GANI	DHI INSTITU	JTE OF M	EDICAL SC	IENCES: SH	EIKHPURA:		
1.	Advertisement N	lo.	MA FOR THE POST OF SENIOR RESIDENT/Scientist - Affix your reco					ph
2.	Name of the Pos							
	Department applied for:							
3.	Name of the Applicant		1:					
	& Registration Number (MCUState 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.	Mont			
7.	Whether belongs issued by the Circle Off Circle Officer for EBC (M Permanent Addre	BC) and BC candidat						ficate ed by
8.	Address for Correspondence		:					
9.	Contact Numbe	11.	;					
10.	1			The state of the s				
Particular of Qualification Boar		d/Univ.	Passing	Marks Obtained	Percentage of Marks	Attempt		
11		w	rking Experier	nce (Attach Certifi	cates: Photocopy)			
Name of the Institution			ed as	From	To	Special Training in the specialty (if any)		
12. Sta	atus of Employment:					ONED BY HIS/HER PRESEN		
13	Details of Bank Draft with Date of iss		Signature Designation Designation					
	Name of the issuing Bank		Place & Date		D.D. No.	,	Amount	
14	List of Enclosures							

Place:

Date:

Signature of the Applicant