	INDIRA GANDE						<u>'UKA: P</u>	AINA-14 Affix your recent	
1.	Advertisement No.	PROFORMA		OR THE POST OF SENIOR RESIDENT/ TUTOR : Adv. No. 02/Sr. Resident-Adhoc/IGIMS/Estt./2019					
2.	Name of the Post &	2							
۷.			•	•					
		Department applied for:		:					
3.	Name of the Applic	Name of the Applicant		:					
	& Registration Number		Pog No	Reg. No. Dated:					
1	(MCI/State Medical Council) Father's Name								
4.	Fathers Name		÷						
5.	Date of Birth (With Proof of Age)		<u>D/O/B:</u>	Date:	Month:		Year:		
	& Age on cut-off date.		Age:	Yrs.	<u> </u>	.Months	<u>Day</u>	<u>/S</u>	
6.	Whether belongs to <u>SC/ST/EBC (MBC)</u> , <u>BC</u> , <u>BC</u> - (Female) or <u>Handicapped</u> :								
7.	Permanent Address		:		big-with Donnene	Certificate		iched).	
8.	Address for Corres								
0.	Address for Correspondence		•						
9.	Contact Number (		<u> </u>						
9. 10.					Attach all Cartifi	ootoo: Dha	tooonv		
10. Educational Qualification: Startin Particular of Qualification Board/Uni			Jniv.	Year of I	Marks Obtained		ge of Marks	Attempt	
			F	assing					
11	Teaching or working	ng Experience, if a	cquired after obta	ining MD/MS/	MDS Degree (At	tach all Co	ertificates: F	hotocopy)	
Name of the Institution Posted as		las	From	То	Special 1	Fraining in the	e specialty (if any)		
12		OGICAL ORDER, IF	ICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE D				ARTMENT		
	1 <sup>81</sup>	. 2 <sup>nd</sup>	• • • • • • • • • •	3 <sup>ra</sup>		4 <sup>th</sup>		• •	
13. <b>s</b> t	atus of Employment:	CANDIDATE ALREADY	EMPLOYED SHOULD G	ET THE FOLLOWI	NG ENDORSEMENT S	GIGNED BY H	IS/HER PRESEN	T EMPLOYER	
	DatedSignatureDesignation								
14	Details of Bank Draft v	vith Date of issue	e, Place and Am	lace and Amount					
	Name of the issuing Bank		Place & Date	Place & Date		D.D. No.		Amount	
15	List of Enclosures						<u></u>		
10									
								I	

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:te:

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