INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES; SHEIKHPURA: PATNA-800014

PROFORMA FOR FACULTY POSTS

Post applied for …………………………………… **Adv. No. 05/Faculty-Ad-hoc/IGIMS/Estt./2019**

Department: ……………………………………………………………………………………………

Affix your recent pass-port size photograph here

1.	Name in block letter	
2	(a) Permanent Address	
	(b) Postal Address	
	(c) Tele./Mob. No.	
	(d) E-mail Id.	
3	Date of Birth with documentary evidence and age as on cut-off date	**Date of Birth** Day……Month……Year………: Age:……………(As on cut-off date)
4	Are you (a) Citizen of India by birth and or by domicile? (b) A person having migrated from Pakistan with the intention of permanently setting in India OR a subject of Nepal OR Sikkim?	
5	**Are you a Scheduled Caste/Scheduled Tribes /EBC/BC Candidate/ Ex-Serviceman? (Attach documentary evidence)**	
6	Name of the state to which you belong?	
7	Father's Name Address Occupation If dead, state his last address and occupation before death. Is or was your father alive? (a) A citizen of India by birth or by domicile? (b) A person having migrated from Pakistan with the Intention of permanently setting in India or a subject of Portuguese possession in India?	

8- Particulars regarding your University or Higher Education.

Name of University	College, if any	Date of entry	Date of leaving

9- Examination passed including postgraduate examination.

Name of the Examination	Months & Year of Passing the examination	No. of attempted	Distinction or prize if any in any or more subjects.
Post-graduate qualification in Science Faculty (M.Sc.)			
Ph. D.			
M.B.B.S.			
Postgraduate Medical Education (i) MD/MS/MDS/DM/M.Ch Please indicate duration of DM/M.Ch. Course)			
(i)			
(ii)			
Any other examination(s)			

10. Research experience if any together with details of published works, reprints of such works should also be submitted, if available.

Indexed/Non-indexed (Reference should be given, if research papers were abstracted in any Indexed/well known medical or science journals or reference made to works in monographs or test on the subject)	

11. Details of teaching and professional experience.

Details should be given in separate sheet if the space is insufficient. Attach Certificate.	
Are you willing to accept the minimum initial pay offered? If not, state what is the lowest initial pay that you would accept in the prescribed scale?	
If selected what notice would you require before joining?	
List of enclosures. Number, date and the amount of the Demand Draft enclosed.	

CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOW ING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER

➢ *Dated…………………….*

➢ *Signature ……………….*

➢ *Designation …………………………………………………………………………………………………….*

Have you been outside India? If so, give the following particulars:-

	Date of Departure	Period of Stay abroad	Purpose of stay abroad

12. State foreign language or languages you know
(a) To read and write?
(b) To speak also?

13. Where have you been employed? Give particulars below:-

Name of the employer	Date of joining	Date of leaving	Name of the post held(also state whether temporarily or substantively)	Pay Scale and present rate of pay and allowances

14.

Are you a Govt. servant and entitled to pension? If so, will you give up you status before joining the Institute (Answer 'Yes' or 'No')	

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: PATNA-14
(Please fill this pro-forma neatly typed)

Post applied for ---

Name --- Date of birth---

Whether belong to SC/ST/BC/EBC------------------ Minimum Basic Pay acceptable ---------------

Present Employer (Institution) --------------------------- Minimum joining time required -----------------

Whether "No Objection Certificate" furnished: Yes/No/Not applicable ---------------------------------

Total teaching experience after M.D./M.S./M.D.S./D.M./M.Ch.-------- Years----------- Month ------

Present Position ---------------------------------- Present Basic Pay with Pay Scale Rs. ---------------------------------

Academic Qualification			Publication and Research Work (Give number only)			
Degree(Examinations) of (M.D./M.S./M.D.S./D.M./M.Ch. Course)	Months & Year	No. of attempts		Published	Under Publication	1st Author / Communicating Author
			1. Research Papers (a) Indexed Journals (b) Non-Indexed Journals	………….. …………..	……………... ……………...	…………… ……………
			2. Books (a) Text books (b) Edited Books (c) Educational Books	………….. ………….. …………..	…………….. …………….. ……………..	…………… …………… ……………
			3. Chapter in Books	…………..	……………..	……………
DEGREE (Honorary)			4. Abstracts (a) Indexed Journals (b) Non-Indexed Journals	…………... …………...	…………….. ……………..	…………… ……………

Best Papers:

(i)	For Assistant Professor	--------- 02
(ii)	For Associate Professor	--------- 05
(iii)	For Additional Professor	--------- 07
(iv)	For Professor	--------- 10

List should be enclosed separately)

Research Guidance

Number of scholars who have been awarded D.M. /M.Ch. / M.D. / M.S. /M.D.S./Ph.D. degrees under your Supervision both as guide & Co-guide

Awarded	Under Submission
Ph. D. ………………………………………….	……………………………………………………
M.D./M.S……………………………………	……………………………………………………
M.D.S. ……………………………………..	…………………………………………………
D.M./M.Ch…………………………………..	…………………………………………………

TEACHING/RESEARCH EXPERIENCE

Institution	Post Held	From	To	Total Experience

1)   Research Projects as Chief Investigator

                                       Source of funding   Year   Total amount

2)   Awards, fellowships and membership of professional bodies (Enclose Evidence)
3)   Membership of Editorial Board of Indexed International Journals/Review Committees of National bodies and Institutions (Enclose Evidence).
4)   Services: (Contributions made towards the development of new unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patients taken (enclose evidence)
5)   Contributions in community & national programs (Enclose Evidence)
6)   Describe your most notable contribution in Teaching and Research in 200 words.

IMPORTANT

        I, hereby declare that the information and documents given by me in the per-forma is correct to the best of my knowledge.

                                         Signature

                                       Name …………………………………