

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

Sec.				<u>PROFORMA</u>	FOR APPLIC	<u>ATION</u>		Affix your	1
1.	Advertisement No.			: 02/Non-Facu	: 02/Non-Faculty/IGIMS/Estt.2020				
2.	Name of the Post applied for:			1.					
۷.	Indi	ne or the Post applied	101.	:					
]	
3.	Name of the Applicant		:						
4	Lath			· ·					
4.	Fair	ner's Name		:					
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5.	Date of Birth (With Proof of Age)			<u>D/O/B:</u>	Date: Yrs.	Month:	Year:		
	& Age on 04-03-2020			<u>Age:</u>			<u>s</u> Days		
6.	Wh	ether belongs to <u>sc/</u>	ST/EBC (MBC),	BC, BC- (Female)	or Handicappe	<u>ed</u> :		Caste Certificate	
	by th	e Circle Officer of respective (MBC) and BC candidates with	District/Circle for exemption of C	or SC/ST candidates	along-with Don	nicile Certificate and Ca ertificate must be attach	ste Certificate issu	ed by Circle Off	ficer for
7.		manent Address	exemption of <u>o</u>	·	with Donnene of	entineate must be attach			
<i>'</i> .	1 01								
0	∧ al a	lucas for Correspond							
8.	Address for Correspondence			:					
9.	Cor	ntact Number (Mobile	e/Land Line)	:					
			-						
10.		ucational Qualificat							
Particular of Qualification Board			d/Univ. Year of Passing		Division/Class	ion/Class Marks Obtained F		age of ks	
									-
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11	N	an af tha loo that an		Work Experience					
	Name of the Institution Pos		sted as From		То	Nature of	Nature of Duties (if any)		
12. Status of Employment: CANDIDATE ALREAD			ADY EMPLOYED SHO	ULD GET THE FOL	LOWING ENDORSEMENT S	IGNED BY HIS/HER PI	RESENT EMPLOYE	R	
			Deted	Signature		Designatio	on		
			Dated	SignatureDesignation				· · · · · · · · · · · · · · · · · · ·	
13		Details of Bank Draft	with Date of	issue, Place an	d Amount				
13.		Details of Bank Draft Name of the issuin	with Date of	issue, Place an Place &		D.D. No.		Amount	
13.		Details of Bank Draft	with Date of	issue, Place an		D.D. No.			
		Details of Bank Draft	with Date of	issue, Place an		D.D. No.			
13. 14.		Details of Bank Draft Name of the issuin	with Date of	issue, Place an		D.D. No.			
		Details of Bank Draft Name of the issuin	with Date of	issue, Place an		D.D. No.			

Place: Date: