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|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**    **PROFORMA FOR APPLICATION** | | | | | | | | | | | | | | | | |
| 1. | Advertisement No. | | | | | | | : **02/Non-Faculty/IGIMS/Estt.2020** | | | | | | | | | | |
| 2. | Name of the Post applied for: | | | | | | | : | | | | | | | | | | |
| 3. | Name of the Applicant | | | | | | | : | | | | | | | | | | |
| 4. | Father’s Name | | | | | | | : | | | | | | | | | | |
| 5. | Date of Birth (With Proof of Age)  & Age on 04-03-2020 | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **D/O/B:** | **Date:** | **Month:** | **Year:** |  | | **Age:** | **………Yrs.** | **………....Months** | **………Days** |  | | | | | | | | | | | |
| 6. | Whether belongs to **SC/ST/EBC (MBC), BC, BC- (Female) or Handicapped:** .........................................**Caste Certificate issued by the Circle Officer of respective District/Circle** **for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of Creamy Layer, along-with Domicile Certificate must be attached).** | | | | | | | | | | | | | | | | | |
| 7. | Permanent Address | | | | | | | : | | | | | | | | | | |
| 8. | Address for Correspondence | | | | | | | : | | | | | | | | | | |
| 9. | **Contact Number** (Mobile/Land Line) | | | | | | | : | | | | | | | | | | |
| 10. | **Educational Qualification (Attach all Certificates: Photocopy self-attested)** | | | | | | | | | | | | | | | | | |
| **Particular of Qualification** | | | | | **Board/Univ.** | | | | | **Year of Passing** | | **Division/Class** | | | **Marks Obtained** | | **Percentage of Marks** | |
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| 11 | | **Work Experience** | | | | | | | | | | | | | | | | |
| **Name of the Institution** | | | | | | **Posted as** | | | **From** | | **To** | | | **Nature of Duties (if any)** | | | | |
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| 12. **Status of Employment:** | | | | **CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER**  Dated………………Signature …………………………Designation ……………………………. | | | | | | | | | | | | | | |
| 13. | | **Details of Bank Draft with Date of issue, Place and Amount** | | | | | | | | | | | | | | | | |
| **Name of the issuing Bank** | | | | | **Place & Date** | | | | | | **D.D. No.** | | | **Amount** | | |
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| 14. | | **List of Enclosures** |  | | | | | | | | | | | | | | | |

Place:

Date:

Signature of the Applicant