|  |  |
| --- | --- |
|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES; SHEIKHPURA: PATNA-800014**  **Affix your recent pass-port size photograph here** |

**PROFORMA FOR FACULTY POSTS**

**Post applied for** ……………………………………….**Adv. No. 09/Faculty/IGIMS/Estt./2020**.

**Department:** ………………………………………………………………………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Name in block letter |  | |
| **2** | (a) Permanent Address in block letter |  | |
| (b) Postal Address in block letter |  | |
| (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:………………………… |
| **4** | Are you   1. Citizen of India by birth and or by domicile? 2. 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/EWS 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?   1. A citizen of India by birth or by domicile? 2. 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./B.D.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) |  |

1. 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:-

|  |  |  |  |
| --- | --- | --- | --- |
| izLFkku fd;s x;s ns’k dk uke | Date of Departure | Period of Stay abroad | Purpose of stay abroad |
|  |  |  |  |

**12.** State foreign language or languages you know

1. To read and write?
2. 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)**

**Publication-To be presented in Power-point-(*Please bring your pen-drive*)**

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 2. Indexed Journals 3. Non-Indexed Journals 4. Books 5. Text books 6. Edited Books 7. Educational Books 8. Chapter in Books 9. Abstracts 10. Indexed Journals 11. Non-Indexed Journals | ……………  ……………  …………..  …………..  …………..  ………….  …………..  ………….. | ……………..  ……………..  …………….  …………….  …………….  …………..  ……………  ……………. | …………….  …………….  ……………  ……………  ……………  ……………  ……………  …………… |
| **DEGREE (Honorary)** |
|  |

**Best Papers:**

1. For Assistant Professor --------- 02
2. For Associate Professor --------- 05
3. For Additional Professor --------- 07
4. 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

1. Awards, fellowships and membership of professional bodies (Enclose Evidence)
2. Membership of Editorial Board of Indexed International Journals/Review Committees of National bodies and Institutions (Enclose Evidence).
3. Services: (Contributions made towards the development of new unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patients taken (enclose evidence)
4. 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 …………………………………