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|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**  **(AN AUTONOMOUS INSTITUTE OF GOVT. OF BIHAR)**   |  | | --- | | **Tel.: 0612 – 2297631, 2297099 Fax: 0612 – 2297225; Website:** [**www.igims.org**](http://www.igims.org)**; E-Mail: director@igims.org** | |

**PROFORMA FOR THE POST OF SENIOR RESIDENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Advertisement No. | | | : | | | | | | | | | | | |
| 2. | Name of the Post & Department | | | : | | | | | | | | | | | |
| 3. | Name of the Applicant  **Registration Number**  **(MCI/Bihar Medical Council)** | | | :   |  |  | | --- | --- | | **Reg. No.** |  | | | | | | | | | | | | |
| 4. | Father’s Name | | | : | | | | | | | | | | | |
| 5. | Date of Birth (With Proof of Age) | | | |  |  |  |  | | --- | --- | --- | --- | | **D/O/B:** |  |  |  |   **AS ON 31-01-2014**   |  |  |  | | --- | --- | --- | | **………Yrs.** | **……..Months** | **…….Days** | | | | | | | | | | | | |
| 6. | Whether belongs to **SC/ST/MBC, BC, BC (Female) or Handicapped:** .........................................................  **(Cast Certificate issued by the Circle Officer , for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by the Circle Officer for MBC and BC candidates with exemption of Creamy Layer, along-with Domicile Certificate should be attached).** | | | | | | | | | | | | | | |
| 7. | Permanent Address | | | : | | | | | | | | | | | |
| 8. | Address for Correspondence | | | : | | | | | | | | | | | |
| 9. | Contact Number (Mobile/Land Line) | | | : | | | | | | | | | | | |
| 10. | **Education Qualification: starting from MBBS** | | | | | | | | | | | | | | |
| **Particular of Qualification** | | **Board Univ.** | | | | | **Year of Passing** | | | **Marks Obtained** | | **Percentage of Marks** | | | **Attempt** |
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| 11. | **Teaching or working Experience, if acquired after obtaining MD/MS Degree** | | | | | | | | | | | | | | |
| **Name of the Institution** | | **Posted as** | | | **From** | | | | **To** | | **Special Training in the speciality**  **(if any)** | | | | |
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| 12. | **Name the Department in chronological order, if applications are filled up in more than one department** | | | | | | | | | | | | | | |
| 1st ..................... | 2nd ......................... | | | | 3rd ........................... | | | | | | | 4th ........................ | | |
| 13. | **Details of Bank Draft with Date of issue, Place and Amount** | | | | | | | | | | | | | | |
| **Name of the issuing Bank** | | **Date & Place** | | | | | **D.D. No.** | | | | | | **Amount** | |
|  | |  | | | | |  | | | | | |  | |
| 14. | **Name of Enclosures:** | | | | | | | | | | | | | | |

Place:

Date:

Signature of the Applicant