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|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****Affix your recent****Photograph****(AN AUTONOMOUS INSTITUTE OF GOVT. OF BIHAR)**

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| --- |
| **Tel.: 0612 – 2297631, 2297099 Fax: 0612 – 2297225; Website:** [**www.igims.org**](http://www.igims.org)**; E-Mail: director@igims.org** |

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**PROFORMA FOR THE POST OF SENIOR RESIDENT**

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| 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)  |

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| --- | --- | --- | --- |
| **D/O/B:**  |  |  |  |

**AS ON 31-01-2014**

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| --- | --- | --- |
| **………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