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

PROFORMA FOR APPLICATION

Affix your
recent
Photograph

1.	Advertisement No.	:				
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 04-01-2025		D/O/B: Age:	Date:Yrs.	Month:Months	Year:Days
6.	Whether belongs to <u>SC/ST/EBC (MBC), EWS/BC, BC-(Female) or Handicapped</u> :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
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.....SignatureDesignation		
13.	Details of Bank Draft with Date of Issue, Place and Amount			
	Name of the Issuing Bank	Place & Date	D.D. No.	Amount
14.	List of Enclosures			

Place:
Date:

Signature of the Applicant