

 <b>INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14</b> <b>PROFORMA FOR THE POST OF SENIOR RESIDENT</b>						Affix your recent Photograph	
1.	Advertisement No.	Orthopaedics/02/ Ad-hoc Senior Resident/ 2026					: Senior Resident
2.	<b>Name of the Post &amp; Department applied for:</b>	:Orthopaedics					
3.	<b>Name of the Applicant &amp; Registration Number</b> (NMC/ State Medical Council)	Reg. No.	Dated:				
4.	<b>Father's Name</b>	:					
5.	<b>Date of Birth</b> (with proof of Age & Age on cut-off date)	<u>D.O.B:</u>	<u>Date:</u>	<u>Month:</u>	<u>Year:</u>		
		<u>Age:</u>	<u>.....Yrs</u>	<u>.....Months</u>	<u>.....Days</u>		
6.	<b>Whether belongs to UR/EWS/BC/SC/ST &amp; Female of All category or Handicapped:</b> ..... (Domicile Certificate and Caste Certificate issued by the Circle Officer of respective District/ Circle for SC/ST candidates; Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of Creamy layer; Domicile Certificate & EWS Certificate issued by Circle Officer for EWS candidates should be attached.)						
7.	<b>Permanent Address</b>	:					
8.	<b>Address for Correspondence</b>	:					
9.	<b>Contact Number</b> (Mobile/Land Line)	:					
10.	<b>Educational Qualification: Starting from MBBS (Attach all certificate: Photocopy)</b>						
	<b>Particular of Qualification</b>	<b>Board/ Univ.</b>	<b>Year of Passing</b>	<b>Marks Obtained</b>	<b>Percentage of Marks</b>	<b>Attempt</b>	
11.	<b>Teaching or working Experience, if acquired after obtaining MD/ DNB Degree (Attach all Certificates: Photocopy)</b>						
	<b>Name of the Institution</b>	<b>Posted as</b>	<b>From</b>	<b>To</b>	<b>Special Training in the speciality (if any)</b>		
12.	List of publications and presentations as per NMC guidelines. Attach reprints of publications/ copy of certificate of presentations.						
13.	<b>Status of Employment:</b>	If employed, attach photocopy of NOC from the employer.					
14.	<b>Details of Bank Draft with Date of issue, place and Amount</b>						
	<b>Name of the issuing Bank</b>	<b>Place &amp; date</b>	<b>D.D. No.</b>	<b>Amount</b>			
15.	List of Enclosure						

I, hereby declare that the information and documents given by me in. with the proforma is correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:

Date

Signature of Applicant