INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA-800 014 (BIHAR).

PROFORMA FOR APPLICATION

1.	Advertisement	dvertisement No. : 05/FA /IGIMS/Estt./2015				cent Passport e Photograph	
2.	Name of the Pos	t	:				
3.	Name of Applicant		:				
4.	Father's Name		:				
5.	Date of Birth		:				
6.	Age as on 07-05-2015		:	Yr	Month	Day	/s
7.	Permanent Addr	ress	:				
8.	Address for Correspondence		:				
9.	Contact No.	116	:				
10. Sl.	Educational Qua Particular of Exam.	Name of Board/Univ	<u> </u>	Year of	Division/	Marks	Dorcontago
No.	Particular of Exam. Passed	Ivallie of board/Offiv	·•	passing	Class	obtained	Percentage of Marks
1				<u> </u>			
2							
3					<u> </u>		
4							

5

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11.	Working Experience					
SI.	Name of the Institution	Designation	From	То	Nature of Duties	Pay Scale
No.						
1						
2						
3						
4						
5						
L	<u> </u>	<u> </u>	I	I	<u> </u>	I

12. Whether belongs to SC/ST/BC-I or BC-II:(Caste Certificate issued by Circle Officer for SC/ST candidates along with domicile certificate and Caste certificate issued by Circle Officer for MBC (BC-I) and OBC (BC-II) candidates with exemption from creamy layer along with domicile certificate should be attached).

13. Details of Bank Draft with Date, Place & Amount.

Name of the issuing Bank	Place	D.D. No.	Date of issue	Amount

Date : Signature of applicant