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|  | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR THE POST OF TUTOR/SENIOR RESIDENT****Affix your recent****Photograph** |
|  |  |
| 1. | Advertisement No. | : **Adv. No. 10/Sr. Resident/IGIMS/Estt./2015**  |
| 2. | Name of the Post & Department applied for: | :: |
| 3. | Name of the Applicant **& Registration Number** **(MCI/State Medical Council)**   | :

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| --- | --- |
| **Reg. No.** | **Dated:**  |

 |
| 4. | Father’s Name  | : |
| 5. | Date of Birth (With Proof of Age) & Age on cut-off date.  |

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| --- | --- | --- | --- | --- |
| **D/O/B:**  | **Date:**  | **Month:** | **Year:** |  |
| **Age:** | **………Yrs.** | **………....Months** | **………Days** |  |

 |
| 6. | Whether belongs to **SC/ST/EBC (MBC), BC, BC- (Female) or Handicapped:** .........................................**Cast 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 should be attached).** |
| 7. | Permanent Address | : |
| 8. | Address for Correspondence | : |
| 9. | **Contact Number** (Mobile/Land Line) | : |
| 10. | **Educational Qualification: Starting from MBBS (Attach all Certificates: Photocopy)** |
| **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/MDS Degree (Attach all Certificates: Photocopy)**  |
| **Name of the Institution** | **Posted as** | **From** | **To** | **Special Training in the specialty (if any)** |
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| 12 | **NAME OF THE DEPARTMENT IN CHRONOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT** |
| 1ST ……………………… | 2nd ………………….. | 3rd ………………….. | 4th ……………………. |
| 13. **Status of Employment:**  | **CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER**Dated………………Signature …………………………Designation ……………………………. |
| 14 | **Details of Bank Draft with Date of issue, Place and Amount** |
| **Name of the issuing Bank** | **Place & Date** | **D.D. No.**  | **Amount** |
|  |  |  |  |
| 15 | **List of Enclosures** |  |

Place:

Date: Signature of the Applicant