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

PROFORMA FOR ADVERTISED POST(For Non Faculty Post)

1.	Advertisement. No	.: No. 11/Faculty-N	on I	Faculty/IGII	MS/Estt./201		ecent Passport ze Photograph
2.	Name of the Post		:				
3.	Name of Applican	t	:				
4.	Father's Name		:				
5.	Date of Birth		:				
6.	Age as on			Yr	Month	Da	nys
7.	Permanent Addre	SS	:				
8.	Address for Correspondence						
9.	Contact No.		:				
10. SI.	Educational Quali Particular of Exam.	tication Name of Board/Univ.	:	Year of	Division/	Marks	Percentage
No.	Particular of Exam. Passed	TVALLE OF BOATA/OHIV.		passing	Class	obtained	of Marks
1							
2							
3							
4							

5

6

11.	Working Experience											
SI. No.		the Institution	Designation	From	То	Nature o	f Duties					
1												
2												
3												
4												
5												
 Whether belongs to SC/ST/EBC or BC:- (Caste Certificate issued by DM for SC/ST candidates along with domicile certificate and Caste certificate issued by DM for MBC (BC-I) and OBC (BC-II) candidates with exemption from creamy layer along with domicile certificate should be attached). Details of Bank Draft with Date, Place & Amount. 												
Name of the issuing Bank		Place	D.D. No.	Date of issue		Amount						
Place	:											
Date :				Signature of applicant								