	INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14							
	'	MA FOR AD\	OR ADVETISED NON-FACULTY POST/S					
1.	Advertisement No.			: Adv. No. 13/Non-Faculty/IGIMS/Estt./2015				
2.	Name of the Post	applied for:	:					
3.	Name of the Appl	icant	:					
4.	Father's Name		:					
5.	Date of Birth (With Proof of Age) & Age on cut-off date.			B: Date:	Yrs.	Month:	Year:	Days
6.	Whether belongs to SC/ST/BC-I, BC-II, BC (Female) or Handicapped: (Cast Certificate issued by the DM, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by DM for MBC and OBC (BC-II) candidates with exemption of Creamy Layer, along-with Domicile Certificate should be attached).							DM for MBC (BC-I)
7.	Permanent Addre		:	·				
8.	Address for Correspondence							
9.	Contact Number (Mobile/Land L	ine) :					
10.	Educational Qu	alification	: (Attach all Cer	tificates: Phot	осору)			
Part	icular of Examination/s F		Board/Univ.	Year of Pa		Marks Obtained	Percentage of M	arks Division
11	Working Experience	e (Attach all C	ertificates: Photo	сору)	•		!.	
N	lame of the Institution	De	signation	From		То	nature of Du	ties/Work
12. s	status of Employment:	CANDIDATE ALRI	EADY EMPLOYED SHO	ULD GET THE FO	LLOWING E	ENDORSEMENT SIG	GNED BY HIS/HER PRES	SENT EMPLOYER
		Signature	Signature Designation Designat			on		
13	Details of Bank Draft with Date of issue, Name of the issuing Bank		*************************************	Place and Amount Place & Date		D.D. No.		Amount
ļ	Hame of the ISSUI	.g Dulik	1 1000			D.D. 140.		, anount
15	List of Enclosures		L		<u>L</u>		<u>L</u>	

Place: Date:

Signature of the Applicant