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|  | | **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14**  **Affix your recent**  **Photograph**    **PROFORMA FOR 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 Applicant | | | | | | : | | | | | | | | | | | |
| 4. | | Father’s Name | | | | | | : | | | | | | | | | | | |
| 5. | | Date of Birth (With Proof of Age)  & Age on cut-off date. | | | | | | | |  |  |  |  | | --- | --- | --- | --- | | **D/O/B:** | **Date:** | **Month:** | **Year:** | | **Age:** | **………Yrs.** | **………....Months** | **…………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 (BC-I) and OBC (BC-II) 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: (Attach all Certificates: Photocopy)** | | | | | | | | | | | | | | | | | |
| **Particular of Examination/s Passed** | | | | | | **Board/Univ.** | | | | | **Year of Passing** | | | **Marks Obtained** | | **Percentage of Marks** | | **Division** | |
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| 11 | **Working Experience (Attach all Certificates: Photocopy)** | | | | | | | | | | | | | | | | | | |
| **Name of the Institution** | | | | | **Designation** | | | | | **From** | | **To** | | | **nature of Duties/Work** | | | | |
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| 12. **Status of Employment:** | | | | **CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER**  Dated………………Signature ………………………… Designation ……………………………. | | | | | | | | | | | | | | | |
| 13 | **Details of Bank Draft with Date of issue, Place and Amount** | | | | | | | | | | | | | | | | | | |
| **Name of the issuing Bank** | | | | | | **Place & Date** | | | | | | **D.D. No.** | | | | **Amount** | | |
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| 15 | **List of Enclosures** | |  | | | | | | | | | | | | | | | | |

Place:

Date:

Signature of the Applicant