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

## **PROFORMA FOR APPLICATION**

1.	Advertisement	No. : <b>14/FA (Co</b> n	ntract	)/IGIMS/Estt	:./2015		nt Passport Photograph
2.	Name of the Pos	t	:				
3.	Name of Applica	nt	:				
4.	Father's Name		:				
5.	Date of Birth		:				
6.	Age as on 23-12-2015		:	Yr	Month	Days	
7.	Permanent Addr	ess	:				
8.	Address for Corre	espondence	:				
9.	Contact No.		:				
10.	<b>Educational Qua</b>	lification:-	:				
SI.	Particular of Exam.	Name of Board/Univ.		Year of	Division/	Marks	Percentage
No.	Passed			passing	Class	obtained	of Marks
_							
2							
3							
4							
_							

6

11.	Working Experience:-				
SI.	Name of the Institution	Designation/Scale	From	То	Nature of Duties
No.		of pay			
1					
2					
3					
4					
5					

- 12. Whether belongs to SC/ST/BC-I or BC-II :(Caste Certificate issued by DM/DC for SC/ST candidates along with domicile certificate and
  Caste certificate issued by DM/DC 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.

Place:

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

Date :	Signature of applicant