INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14										
	PROFORMA FOR THE POST OF TUTOR/SENIOR RESIDENT								Affix your recent	
1.	Advertisement No.	: Adv. No. 15/Jr. Resident &Sr. Resident/IGIMS/Estt./2015						Photograph		
2.	Name of the Post &		:							
	Department applied f	or:	:							
3.	Name of the Applicant		:							
	& Registration Number (MCI/State Medical Council)		Reg. No.					Dated:		
4.	Father's Name		<u> </u>				<u> </u>		<u></u>	
5.	Date of Birth (With Proof of Age)			D/O/B: Date: Month:				Year:		
	& Age on cut-off date.		Age:		YrsMonths		Days			
6.	Whether belongs to <u>SC/ST/EBC (MBC)</u> , <u>BC, BC- (Female) or Handicapped</u> :									
7.	Permanent Address	•								
8.	Address for Correspo	:								
9.	Contact Number (Mo	obile/Land Line)	:							
10. Educational Qualification: Starting from MBBS (Attach all Certificates: Photocopy)										
Particular of Qualification Board/Ur			Year of Passing				ge of Marks	Attempt		
							•••••••••••••••••••••••••••••••••••••••			
11	Teaching or working	Experience, if acqu	uired after	obtaining MD	/MS/MDS	Degree (Atta	ch all Ce	rtificates: P	hotocopy)	
	me of the Institution	Posted as		From	T				specialty (if any)	
. 0000 40					-					
12	NAME OF THE DEPAR		ICAL ORDE	-	IONS ARE			AN ONE DEP	ARTMENT	
ļ 	1 ^{S1}	2 nd		3 ^{ra}		4 ^t	n 		•••	
13. Status of Employment:										

Place: Date:

List of Enclosures

14

15

Signature of the Applicant

Amount

.Designation

D.D. No.

Dated.....Signature....

Details of Bank Draft with Date of issue, Place and Amount
Name of the issuing Bank Place & Date