

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES; SHEIKHPURA: PATNA-800014

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	oartment:							photograph here
1.	Name in block letter							
2	(a) Permanent Address							
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	(b) Postal Address							
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	;c) Tele./Mob. No.			ļ				
	(d) E-mail Id.							
3	Date of Birth with documentary	y ev	idence and age as on	_			of Birth	
4	cut-off date Are you			Day	۱Month۱	/ear	: Age:	
4	(a) Citizen of India by birth and o							
	 (b) A person having migrated from of permanently setting in India 							
	Sikkim?		,		************************************			
5	Are you a Scheduled Caste/S Candidate/ Ex-Serviceman? (Att							
6	Name of the state to which you							
7	Father's Name			ļ				
	Address Occupation							
	If dead, state his last address and	occu	pation before death.					
	Is or was your father alive? (a) A citizen of India by birth or by	dom	icile?					
	(b) A person having migrated	d fro	om Pakistan with the					
	Intention of permanently so of Portuguese possession							
8-	Particulars regarding your Unive			.L				j
	Name of University		College, if any		Date of en	itry	Date of lea	ıving
۹.	Examination passed including p	Octo	raduate examination				I	J
	Name of the Examination		onths & Year of Passing	the	No. of attempted	Distinction	n or prize if any in any or	more subjects.
Pos	t-graduate qualification in	ex	amination					
	ence Faculty (M.Sc.)							
Ph.	D.							
M.E	s.B.S.	!						
Pos	tgraduate Medical Education	ļ						
/	MD/MS/MDS/DM/M.Ch			İ				
Ple:	ase indicate duration of M.Ch. Course)							
(i)								
(ii)								
Any	other examination(s)	ļ						
	Research experience if any tog	I ethe	er with details of publishe	ed wი	rks, reprints of sucl	h works sh	ould also be submitte	ed, if available.
	exed/Non-indexed					,		
(Re	ference should be given, if re							
	exed/well known medical or scie	nce	journals or reference m	ade to	works in			
11101	nographs or test on the subject)							

mbe	enclosures. er, date and the amount of DATE ALREADY EMP	f the Den	nand Draft er	iclosed.	LOW	/ ING ENDORSEME	NT SIGN	ED BY HIS/HER PRES
	OYER Dated							
	Signature							
	Designation Have you been outsid	e India?	If so, give the	following parti	icular	S:-		
			Date of	Departure	P	Period of Stay abroad	P	urpose of stay abroad
•	State foreign language (a) To read and w	e or lang	uages you kn	ow	, z			
	(b) To speak also Where have you been	?	ed? Give part	iculars below:-				
N	ame of the employer		of joining	Date of leav		Name of the post he state whether temporary	neld(also orarily or	Pay Scale and preser
<u></u>						substantively)		allowances

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: PATNA-14

(Please fill this pro-forma neatly typed) Name ------ Date of birth-----Whether belong to SC/ST/BC/EBC------ Minimum Basic Pay acceptable ------Present Employer (Institution) ------ Minimum joining time required ------Whether "No Objection Certificate" furnished: Yes/No/Not applicable ------Total teaching experience after M.D./M.S./M.D.S./D.M./M.Ch.----- Years----- Month -----Present Basic Pay with Pay Scale Rs. --Present Position --**Academic Qualification** Publication and Research Work (Give number only) Months & No. of Under Degree(Examinations) Published 1st Author / of (M.D./M.S./M.D.S./ Year attempts Publication Communicating Author D.M./M.Ch. Course) Research Papers (a) Indexed Journals Non-Indexed (b) Journals Books (a) Text books Edited Books Educational (c) Books 3. Chapter in Books DEGREE (Honorary) Abstracts Indexed Journals (a) Non-Indexed Journals **Best Papers:** ---- 02 For Assistant Professor (i) ----- 05 For Associate Professor (ii) (iii) For Additional Professor ---- 07 ----- 10 For Professor (iv) List should be enclosed separately) **Research Guidance** Number of scholars who have been awarded D.M. /M.Ch. / M.D. / M.S. /M.D.S./Ph.D. degrees under your Supervision both as guide & Co-guide Under Submission Awarded Ph. D. M.D./M.S..... M.D.S. D.M./M.Ch..... TEACHING/RESEARCH EXPERIENCE **Institution** Post Held From <u>To</u> Total Experience

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1) Research Projects as Chief Investigator

> Total amount Source of funding Year

- 2) 3) Awards, fellowships and membership of professional bodies (Enclose Evidence)
- Membership of Editorial Board of Indexed International Journals/Review Committees of National bodies and Institutions (Enclose Evidence).
- Services: (Contributions made towards the development of new 4) unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patients taken (enclose evidence)
- 5) Contributions in community & national programs (Enclose Evidence)
- Describe your most notable contribution in Teaching and Research in 200 words. 6)

IMPORTANT

I, hereby declare that the information and documents given by me in the per-forma is correct to the best of my knowledge.

Signature	
Name	