

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCE: SHEIKHPURA PATNA:-14

(AN AUTONOMOUS INSTITUTE OF GOVT. BIHAR)

Tel. : 0612- 2297631, 2297099, Fax : 0612-2297225; Website ; www.lgims.org E- Mail : director@lgims.org

PROFORMA

Paste recent Passport
Size photograph

1. Application for the post of :-----

2. Full Name (Block Letters):-----

3. Father's/Husband's Name:-----

4. (a) Mailing Address:-----

Pin:-----

Fax No.-----Tel. No.-----

Aadhar No.-----

Mob. No.-----

E-Mail ID (Capital Letter)-----

(b) Permanent Address:-----

Pin:-----

Tel. No.-----

Mob. No.-----

5. (a) Date of Birth: DateMonth..... Year.....

(b) Age (as on): Years.....Months..... Days.....



(c) Sex: Male/Female

(d) Marital Status: Married/Unmarried

6. Whether belong to: UR/EWS/BC/EBC/SC/ST :-

Whether belong to PWD (OPH): Yes or No

(Please strike out which is not applicable) [Attached attested copy of certificate on the Proforma]

7. Percentage of disability (If applicable):-----

8. State of Domicile: -----

9. Nationality ----- Religion -----

10. a) NUID (Nurses Unique Identification Number) :------

b) State in which registered: -----

11. **Educational Qualification:**

(Please attach attested copied of certificates/degrees in support of qualifications)

Examination Passed	Year of passing	No. of attempts	Class/Division	University/ Institution	University/ Institution INC recognized on Admission Year Yes/No
Matric (10 th)					
Intermediate (10+2)					
B.Sc. Nursing					
M.Sc. Nursing					
PhD Nursing					
Registration Details	Registration No.	Year	Name of Council		
B.Sc. Nursing					
M.Sc. Nursing					
PhD Nursing					

DM

12. Teaching/Research Experience:
(Please attach self attested copies of experience Certificate)

Sl. No.	Post held (indicate Temporary/Permanent)	Period		Total Period	Pay Scale	Organization/ Institution
		From DD/MM/YYYY	To DD/MM/YYYY			

Paper Publication	Indexed	Non Indexed	Accepted of Publication	Presented at Conference
National				
International				
Total				
Book Chapters				
Awards/Recognition				
Any other Information				

Signature of Candidate

Place:

Date:



LIST OF ENCLOSURES

Sl. No.	Particulars of enclosures	Marked page (s)
1	Bank draft	
2	Matric (10 th) (For age proof)	
3	Intermediate (10+2)	
4	B.Sc. Nursing Degree & mark sheet	
5	M.Sc. Nursing Degree & mark sheet	
6	PhD Nursing Degree	
7	Teaching/Research Experience: (Please attach self attested copies of experience Certificate)	
8	No. of Paper Publication (Please enclose true copy)	
8.A	National	
8.B	International	
9	Book Chapters	
10	Awards/Recognition	
11	No objection Certificate	
12	Caste Certificate	
13	Domicile Certificate	
14	Non Creamy Layer Certificate (if required duration as applicable by Govt. of Bihar)	
15	Any other information	
16	Registration Certificate of RN and RM	
17	NUID (Nurses Unique Identification Number) Copy	

***Non enclosure of document may lead to rejection of application / candidature.**

Date:

Place:

Signature of Candidate

OK