



**DEPARTMENT OF PHARMACOLOGY**  
**ADVERSE DRUG REACTION MONITORING CENTRE (AMC)**  
**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES,**  
**Sheikhpura, Patna- 800 014 (Bihar, India)**  
**Tel. :- 0612 – 2297631, 2297099, Fax : 0612 – 2297225, Website : [www.igims.org](http://www.igims.org)**

**FORMAT FOR APPLICATION**

1. Name of the Post applied for:
2. Advertisement File No. & Date:
3. Name of the Candidate (BLOCK LETTER):
4. Father's Name (BLOCK LETTER):
5. Date of Birth:
6. Age:
7. Gender:
8. Permanent Address:
9. Address of Correspondence:
10. Email Address:

**Passport  
Size  
Photo**

11. Phone No. Mobile \_\_\_\_\_ Landline No.

12. Qualification from High School and above:

S.No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1.				
2.				
3.				
4.				
5.				

13. Experience (Post Qualification):

S.No.	Post	Name of The Institute	Fro (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1.						
2.						
3.						
4.						
5.						

14. If selected, what period would you require for joining the post:

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15. I have read the salary description mentioned in notice in detail and not only I fully agree to it but also would abide by the principle mentioned. Yes/No

16. Please provide two references with whom you have worked in the past with their email id and contact number.

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be in correct or false, then I shall be liable for action as per rules inforce.

Name of Candidate:

Date

Place:-

.....  
(Signature of the Candidate)

\*Kindly attach self-attested copy of all necessary documents in favor of your eligibility about qualification and experience.

**Enclosures attached: -**

- 1.
- 2.