

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****PROFORMA FOR THE POST OF SENIOR RESIDENT**Affix your recent
Photograph

1.	Advertisement No.	C-2/Ad-hoc Senior Resident/ Pulmo/IGIMS/Estt./2025			
2.	Name of the Post & Department applied for:	Senior Resident			
3.	Name of the Applicant				
	& Registration Number (MCI/State Medical Council)	Reg. No.		Dated:	
4.	Father's Name				
5.	Date of Birth (With Proof of Age) & Age on cut-off date.	D.O.B:	Date:	Month:	Year:
		Age:Yrs.MonthsDays
6.	Whether belongs to <u>UR/EWS/BC/EBC/SC/ST</u> & Female of All category or Handicapped: Cast Certificate issued by the Circle Officer of respective District/Circle for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of <u>Creamy Layer</u> , along-with Domicile Certificate & EWS Certificate issued by Circle Officer, should be attached).				
7.	Permanent Address				
8.	Address for Correspondence				
9.	Contact Number (Mobile/Land Line)				
10.	Educational Qualification: Starting from MBBS/BDS (Attach all Certificates: Photocopy)				
	Particular of Qualification	Board/Univ.	Year of Passing	Marks Obtained	Percentage of Marks
11.	Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree (Attach all Certificates: Photocopy)				
	Name of the Institution	Posted as	From	To	Special Training in the specialty (if any)
12.	NAME OF THE DEPARTMENT IN CHRONOLOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT				
	1 st	2 nd	3 rd	4 th	
13.	Status of Employment:	CANDIDATE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORSEMENT SIGNED BY HIS/HER PRESENT EMPLOYER			
		Dated.....SignatureDesignation			
14.	Details of Bank Draft with Date of issue, Place and Amount				
	Name of the issuing Bank	Place & Date	D.D. No.	Amount	
15.	List of Enclosures				

I, hereby declare that the information and documents given by me in/with the proforma is correct to the best of my knowledge, and I shall abide by the Rules and Regulation of IGIMS.

Place: .

Date:

Signature of the Applicant