

 <b>INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14</b> <b>PROFORMA FOR THE POST OF SENIOR RESIDENT</b>						Affix your recent Photograph
1.	Advertisement No.	Paediatrics/ ... / Ad-hoc Senior Resident/ 2025				
2.	Name of the Post & Department applied for:	: Senior Resident :PAEDIATRICS				
3.	Name of the Applicant & Registration Number (NMC/ 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	.....Months	.....Days	
6.	<b>Whether belongs to UR/EWS/BC/SC/ST &amp; Female of All category or Handicapped:</b> ..... (Domicile Certificate and Caste Certificate issued by the Circle Officer of respective District/ Circle for SC/ST candidates, Domicile Certificate and Caste Certificate issued by Circle Officer for EBC (MBC) and BC candidates with exemption of Creamy layer, Domicile Certificate & EWS Certificate issued by Circle Officer for EWS candidates should be attached.)					
7.	Permanent Address	:				
8.	Address for Correspondence	:				
9.	Contact Number (Mobile/Land Line)	:				
10.	<b>Educational Qualification: Starting from MBBS (Attach all certificate: Photocopy)</b>					
	Particular of Qualification	Board/ Univ.	Year of Passing	Marks Obtained	Percentage of Marks	Attempt
11.	<b>Teaching or working Experience, if acquired after obtaining MD/ DNB Degree (Attach all Certificates: Photocopy)</b>					
	Name of the Institution	Posted as	From	To	Special Training in the speciality (if any)	
12.	List of publications and presentations as per NMC guidelines. Attach reprints of publications/ copy of certificate of presentations.					
13.	Status of Employment:	If employed, attach photocopy of NOC from the employer.				
14.	<b>Details of Bank Draft with Date of issue, place and Amount</b>					
	Name of the issuing Bank	Place & date	D.D. No.	Amount		
15.	List of Enclosure					

**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 Applicant**