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 INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14 PROFORMA FOR THE POST OF SENIOR RESIDENT					
1.	Advertisement No.	Neurosurgery / 190/ Ad-hoc Senior Resident/ 2025			Affix your recent Photograph
2.	Name of the Post &	: Senior Resident			
	Department applied for:	:Neurosurgery			
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:YrsMonthsDays
6.	Whether belongs to UR/EWS/BC/SC/ST & 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 Creamy layer, 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 (Attach all certificate: Photocopy)				
	Particular of Qualification	Board/ Univ.	Year of Passing	Marks Obtained	Percentage of Marks
11.	Teaching or working Experience, if acquired after obtaining MS/ DNB Degree (Attach all Certificates: Photocopy)				
	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.	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 Enclosure				

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

Place:

Date

Signature of Applicant