


|  | INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14 | | | | | |
|--|---|---|------------------------|-----------------------|--|------------------------------|
| PROFORMA FOR THE POST OF SENIOR RESIDENT | | | | | | |
| 1. | Advertisement No. | | | | | Affix your recent Photograph |
| 2. | Name of the Post & Department applied for: | : Senior Resident :ENT | | | | |
| 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) | <u>D.O.B:</u> | <u>Date:</u> | <u>Month:</u> | <u>Year:</u> | |
| | | <u>Age:</u> | <u>.....Yrs</u> | <u>.....Months</u> | <u>.....Days</u> | |
| 6. | Whether belongs to UR/EWS/BC/SC/ST & Female of All category or Handicapped: (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. | Educational Qualification: Starting from MBBS (Attach all certificate: Photocopy) | | | | | |
| | Particular of Qualification | Board/ Univ. | Year of Passing | Marks Obtained | Percentage of Marks | Attempt |
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| 11. | Teaching or working Experience, if acquired after obtaining MD/ DNB Degree (Attach all Certificates: Photocopy) | | | | | |
| | Name of the Institution | Posted as | From | To | Special Training in the speciality (if any) | |
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| 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 | | |
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| 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