INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA:PATNA-14

PROFORMA FOR THE POST OF SENIOR RESIDNET

1.	Advertisement No.	**03/Ad-hoc Senior Residnet/IGIMS/Gen. Surgery/2026**	Affix your recent photograph
2.	Name of the Post & Department applied for:	Senior Resident	
3.	Name of the Applicant & Registration Number (MCI/State Medical Council)	Reg. No. / Date:	
4.	Father's Name		
5.	Date of Birth (with proof of Age) & Age on cut-of date	D.O.B. / Date: / Month: / Year: Age: / ……Yrs. / ……Month / …….Days	
6.	Whether belongs to UR/EWS/BC/EBC/SC/ST & Female of All category of Handicapped……. Cast certificate issued by the Circle officer of respective District/Circle for SC/ST candidates along with Domicile certificates and Casts certificate issued by Circle officer for EBC (MBC) and BC candidates with exemption of **Creamy Layer, along with Domicile certificates & 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 for Marks	Attempt

11 **Teaching or working Experience, if acquired after obtaining MD/MS/MDS Degree**
(Attach all Certificates: Photocopy)

Name of he Institution	Posted as	From	To	Special Training in the specialty (if any)

12. NAME OF THE DEPARTMET IN CHRONOGICAL ORDER, IF APPLICATIONS ARE FILLED UP IN MORE THAN ONE DEPARTMENT

1st …… 2nd …….. 3rd …… 4th ……

13.Status of Employment: **CANDIDAE ALREADY EMPLOYED SHOULD GET THE FOLLOWING ENDORESEMET SIGNED BY HIS/HER PRESENT EMPLOYER**

Dated……..Signature……Designation……

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 the best of my knowledge, and I shall abide by the Rules ad Regulation of IGIMS.

Place:

Date: Signature of the Applicant