

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

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT



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1.	Advertisement No.	:	<u>04/Jr. Resident/IGIMS/Estt./2023</u>			
2.	Name of the Applicant	:				
	Permanent Registration Number (MCI/Bihar Medical Council)		Reg. No. :			
			Date of Registration:			
3.	Father's Name	:				
4.	Date of Birth (With Proof of Age)		Date:	Month:	Year:	Age:
5.	Whether belongs to <u>SC/ST/BC/EBC/BC (Female),EWS,UR or Handicapped</u> : (Cast Certificate issued by the Circle Office, for SC/ST candidates along-with Domicile Certificate and Caste Certificate issued by Circle Officer for BC and EBC candidates with exemption from Creamy Layer, along-with Domicile Certificate & EWS Candidate also attached the EWS certificate).					
6.	Permanent Address	:				
7.	Address for Correspondence	:				
8.	Aadhaar Number	:				
8.	Contact Number (Mobile/Land Line)	:				
9.	Citizenship:					
10.	NEET –PG- 2023 Roll No.					
11.	NEET –PG- 2023 Application No.					
12.	Total Marks Obtained NEET-PG-2023					
13.	Educational Qualification: (Attach all Certificates: Photocopy)			<u>Screening Certificate in case of Foreign Degree</u>		
	Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt
14.	Name of the College/Institution :					
15.	Date of Completion of Internship: From: to					
16.	Department in order of preference:					
	1 st	2 nd	3 rd			
17.	Whether done any Junior Residency (Non-Academic) at IGIMS or out-side , if so mention the department/period subject					
	Subject	From	To	Organization/Institution		
18.	Details of Bank Draft with Date of issue, Place and Amount					
	Name of the issuing Bank	Place & Date	D.D. No.		Amount	

PLEASE NOTE:

- 1) Incomplete application/s will be rejected straight away.
- 2) If it found that the applicant has suppressed any information or given wrong information his/her Junior Residency will be terminated forthwith without assigning any reason.

DECLARATION

I do hereby declare that the information/s furnished above is true and correct to the best of my knowledge and I shall abide by the Rules and Regulation of IGIMS.

Place:
Date:

Signature of the Applicant