	'n	м
*	*	•
6060	70	1
	4 . 4	

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

(2)			PROFURINA	Y FOR APPLI	CATION	_		
1.	Advertisement No.		:02/Non-Faculty Post/Estt./IGIMS/2021				Affix your recent	
2.	Name of the Post applied fo	or:	:		Photograph			
3.	Name of the Applicant		:					
4.	Father's Name		:					
							the state of the s	
5.	Date of Birth (With Proof of Age)		D/O/B: Date: Month:			Year:		
6.	&Age on 31-05-2021							
7.	Whether belongs to SC/ST Circle Officer of respective District/C and BC candidates with exemption o Permanent Address	TEBC, BC, B Circle for SC/S f Creamy Laye	C-(Female)or Ha T candidates alon r, along-with Dom	ndicapped: g-with Domicile icile Certificate n	Certificate and Caste C nust be attached).	ertificate issued by	ertificate issued by t Circle Officer for EE	
8.	Address for Corresponde	nce	:					
9.	Contact Number(Mobile/L	and Line)	:					
10.	Educational Qualification	n(Attach all	Certificates: Ph	otocopy self-a	ittested)			
F	Particular of Qualification	Boar	rd/Univ.	Year of Passing	Division/Class	Marks Obtained	Percentage o Marks	
11			10.	out Even				
11	Name of the Institution	Pos	sted as	ork Experie	To	Nature of t	- W - W - W	
				7.011	10	Nature of t	Outies (if any)	
					4			
12.st	atus of Employment:	NDIDATE ALREA	DY EMPLOYED SHO	ULD GET THE FOLI	LOWING ENDORSEMENT SI	GNED BY HIS/HER PR	ESENT EMPLOYER	
13.	Details of Bank Droft with	h Data of :-	Signature		Designatio	n		
13.	Name of the issuing B	ii Date of is	sue, Place and Amount Place & Date D.D. No.			Amount		
14.	List of Enclosures							

Place:

Date: