

**INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14****APPLICATION FORM FOR THE FMG EXTERNSHIP**

1.	Advertisement No.	:	05/FMG Externship/IGIMS/Estt./2023-Nov.				Affix your recent Photograph
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.	Educational Qualification: (Attach all Certificates: Photocopy)						
	Examination Passed: MBBS	College/Institution.	Year of Passing	Marks Obtained	Percentage of Aggregate Marks in all Professional Examination.	Attempt	
11.	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