ಕರ್ನಾಟಕ ಸರ್ಕಾರ

Affix Passport size Photograph

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ.

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI

APPLICATION FORM FOR THE POST OF DIRECTOR

of Karnataka Institute of Medical Sciences, Hubballi.

(Please fill Sl. No 1 to 4 in Capital Letters only)

1.	Name of the Applicant					
2.	Name of Father/Mother/Spouse					
3.	a. Permanant Address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E-Mail ID					
4.	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5.	QUALIFICATION (Enclose Relevant Documents)					
	Qualification	Marks/ Grade	Percentage	Name of the College	University	Year of Passing
a.	MBBS					
b.	MD/MS ( )					
c.	M.Ch./DM ( )					
d.	Any other equivalent or additional qualification					
6.	Particulars of registration with State Medical Council (Enclose Relevant Documents)					

7.	Teaching Experience (Enclose Relevant Documents)						
	Designation		Period				
			From	To	Total No. of years	Name of the College	Name of the University
	a.	Tutor/ Demonstrator/ Resident/ Registrar					
	b.	Assistant Professor/ Lecturer					
	c.	Associate Professor					
	d.	Professor					
	e.	Professor & HOD					
8.	Present place of working & Designation						
9.	No. of years of administrative experience (supportive documents to be enclosed)						
10.	Publications: National Journals: International Journals:						
11.	Total years of experience as Professor						
12.	Extracurricular activities: Sports / Cultural Modals at University / State / National.						
13.	Experience as:					No. of Years	
	a. Dean / Director / Professor / HOD b. Principal c. Medical Superintendent of Teaching Hospital d. Joint Director (Medical Education)						
14.	Whether Assets & Liabilities Statement filed every year for the last 5 years (Enclose copies)						

15.	In the last six years		
	a.	The post / designation under which the candidate was / is working	
	b.	Progress achieved in each designation	
	c.	Details of Innovative initiatives made by the applicants	
	d.	The results obtained because of these initiatives	
16.	Any other information the candidates wishes to state		
17.	Details of the personal interest / stake holdings / patron / membership / shares / honorary membership in any of the private establishment / society / trust / nursing homes / Private Hospitals / diagnostic centers / pharmacies / or any other business / charity of which the applicant / wife / children are part of it in any capacity with regard to Health & Medicine should be furnished voluntarily with all details including name of the entity, capacity in which the applicant is working & annual income from the same.		

Note: Candidate should enclose relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made and information furnished by me in the application from and also in the enclosure(s) submitted by me are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous service. I have not been subjected to the Departmental enquiry and punished or convicted under any criminal case. If any information furnished therein is found to be fraudulent, incorrect or untrue, I am liable for criminal prescribed by the cancellation of my appointment. I agree to abide by the Rules and Regulations prescribed by the Government / Institutional bye-laws.

Date: ----------

Place: ----------

Signature of the Applicant