



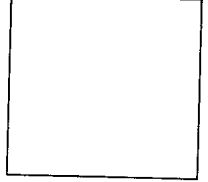
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ-580021

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI-580021

Ph : (0)0836-2373348 Fax :0836-2373724

APPLICATION FORM FOR THE POST OF -----  
Under Hyderabad Karnataka Quota



1	Name of candidate (in capital letters)	
2	Subject	
3	Qualifications prescribed for the post	
4	Sex	
5	Hyderabad Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir) Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM specify with certificate.	Yes / No
6	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue	
7	Internal Reservation 1. Rural candidate 2. Ex serviceman 3. Physically handicapped 4. Kannada Medium - Studied Kannada as 1 <sup>st</sup> /2 <sup>nd</sup> Language. 5. Project Displaced	Certificate enclosed Yes/No Yes/No Yes/No Yes/No Yes/No
8	Nationality	
9	Postal address for correspondence	
10	Mobile No.	
11	E-mail I. D.	
12	Name of Father / Mother / Husband / wife	
13	Date of Birth as recorded in the SSLC certificate	
14	Studied Kannada as 1 <sup>st</sup> /2 <sup>nd</sup> language	

15	Particulars of registration with State Medical Council / Dental council no to be furnished along with PG registration date/KNC			
16	Details of the Qualifications :			
Sl.No.	Qualification	Marks / Grade etc	Percentage	Name of the College & University & year of passing
17	Experience			
	Designation	Period (DD/MM/YYYY)		Total no. of years
		From	To	Name of the College & University
	Tenure –Senior Resident/ Tutor			
	RHTC - Lady Medical Officer			
	GDMO/Senior Specialist			
	Radiologist			
	Nursing Tutor			
	Radiotherapy Technician			
	SDA			
	Lab Technician			
18	Present employment if any		Enclosed – Yes/ No	
19	No Objection Certificate from Head of the Institution if in the Private College. In Govt. Service NOC has to be obtained from the Director & Dean of the Institution.		Enclosed – Yes/ No	
20	Higher qualification if any & year of passing. Whether recognized by MCI or not.			
21	Papers Presented in concerned subject National / International Conference.		No:	Certificate enclosed : Yes/No
22	Paper Published in National / International Indexed Journal as per MCI regulations.		No :	Copies enclosed : Yes / No

24	WHO fellowship in the same subject	
25	University Gold Medal (if any)	
26	Any other information	
27	I understand that my appointment is provisional in nature and subject to the approval given by Medical Council of India for the year 2019-20.If, for any reason MCI does not grant permission the appointment is deemed fit as cancelled with immediate effect and I shall not claim for any compensation for the loss of my job.	Agreed Signature ----- Date -----
28	DD details (Number, Date and Bank)	

I certify that the above Information is correct and complete to the best of my knowledge and nothing has been concealed / distorted also certify that there are no criminal cases against me, I have not been debarred from exams/dismissed from service/blacklisted by MCI/KMC/DCI. If I am found to have concealed/distorted/factually submitted wrong information, my appointment shall be liable to termination without notice/compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place :  
Date :

Signature of the Candidate