

KARNATAKA INSTITUTE OF MEDICAL SCIENCES HUBBALLI-580022

APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC YEAR-2019-20

STAMP SIZE
PHOTO

SL. NO	PARTICULARS		TO BE FILLED IN CAPITAL LETTERS ONLY		
1.	NAME OF THE CANDIDATE				
2.	FATHER'S NAME				
3.	MOTHER'S NAME				
4.	SPOUSE'S NAME				
5.	DATE OF BIRTH WITH AGE				
6.	RELIGION				
7.	CASTE				
8.	SUB-CASTE				
9.	RESERVATION IF ANY				
10.	PERMANENT ADDRESS				
11.	CORRESPONDANCE ADDRESS				
12.	LANDLINE NO				
13.	MOBILE NO				
14.	EMAIL.ID				
15.	AADHAR NO				
16.	PAN NO				
17.	BANK ACCOUNT NO				
18.	NAME OF THE BANK	BRANCH NAME		IFS CODE	
19.	DEGREE	COLLEGE	UNIVERSITY	PERCENTAGE	RESULT
	MBBS				
	PG DIPLOMA				
	PG DEGREE				
	SUPER SPECIALTY				

20.	EXPERIENCE AFTER POST GRADUATION (IN YEARS)			
	DISIPLINE / SUBJECT			
21.	FELLOWSHIP PROGRAMME APPLIED			
22.	QUOTA	GENERAL/ IN-SERVICE		
23.	INSTITUTION LAST STUDIED			
24.	DETAILS OF DEMAND DRAFT (RS.4000/- IN FAVOUR OF DIRECTOR CUM DEAN, KIMS HUBBALLI	NAME OF BANK		
		BRANCH		
		DD NO		DATE

DECLARATION

I, Dr _____ S/o, D/o _____

Declare that the information furnished above is correct to the best of my knowledge and belief and also declare that is the only fellowship course I have applied and have not pursued any fellowship course prior to this from Rajiv Gandhi University of Health Sciences, Karnataka.

Date:

Signature of the candidate

- Candidates should submit two sets of self attested Photo copies along with the application and submit all the original documents for verification on the day of interview.
- In service candidates from health and family welfare should submit the application through proper channel along with a No objection certificate issued from Commissioner, Health and family welfare.