



# CHIKKAMAGALURU INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute of Govt. of Karnataka)

Aralaguppe Mallegowda District Hospital, Azad Park Road

CHIKKAMAGALURU – 577 101

Phone No.: 08262-295347

E-mail Id: [directorcims2020@gmail.com](mailto:directorcims2020@gmail.com)

**APPLICATION FORM FOR THE POST OF:** \_\_\_\_\_

Notification No: \_\_\_\_\_ Dated: \_\_\_\_\_

1	Name of the candidate (in CAPITAL LETTERS)	
2	Subject	
3	Qualifications	
4	Gender	
5	Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with relevant recent certificates	
6	Kalyana Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur Vijayanagar and Yadgir)	Yes ( )      NO ( )
	If yes, Eligibility Certificate issued by jurisdictional Assistant Commissioner,	Yes ( )      NO ( )
7	Horizontal Reservation	
	1.Woman	Yes ( )      NO ( )
	2.Rural candidate	Yes ( )      NO ( )
	3.Physically Handicap	Yes ( )      NO ( )
	4.Ex serviceman	Yes ( )      NO ( )
5.Kannada Medium	Yes ( )      NO ( )	
8	Nationality	



17	<b>Experience</b>				
	<b>Designation</b>	<b>Period (DD/MM/YYYY)</b>		<b>Total Years of Experience</b>	<b>Name of the college &amp; University</b>
		<b>From</b>	<b>To</b>		
	Tutor/Demonstrator/ Resident/Registrar				
	Assistant Professor/Lecturer				
	Associate Professor				
	Professor				
	Professor and Head				

18	Present employment status	Employeed/Free lancing
19	No Objection Certificate from Head of the Institution If in Govt. Service NOC has to be obtained from the Head of the Institute / Competent authority.	Enclosed-Yes/No
20	Higher qualification if any along with year of passing, indicating recognition by MCI or otherwise	
21	Papers Presented in National Conference(s) International Conference(s) (in chronological order)	Numbers: Certificate enclosed: Yes/No Numbers: Certificate enclosed: Yes/No
22	Paper Published in National Indexed Journal(s) International Indexed Journal(s) 1st/2nd and Corresponding Author	Numbers: Certificate enclosed: Yes/No Numbers: Certificate enclosed: Yes/No

23	WHO fellowship in the same subject	
24	University Gold medal (if any )	
25	Any other Information	
26	I understand that my appointment is provisional and subject to the acceptance by National Medical Commission .I also agree that, for any reason NMC does not grant permission , I shall not claim any compensation/damages	Agreed Signature ..... Date.....
27	DD details (Number, Date andBank) or State Bank Collect Reference Number (Starting with DU) <a href="https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=3626163">https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=3626163</a>	

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

Place:

Date:

Signature of the Candidate