



CHAMARAJANAGAR INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute of Govt. of Karnataka)

Sy.No.124, Yadapura Village, Kasaba Hobali,

CHAMARAJANAGAR – 571 313

Phone No.: 08226-226700, 701, 702

E-mail Id: directorcimscrnagara@gmail.com

Website: www.cimscrnagara.org

APPLICATION FORM FOR THE POST OF _____

Notification No.

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

16	Particulars of registration with State Medical Council/ Dental council no to be furnished along with PG registration date				
17	Details of the Qualifications :				
Sl.No.	Qualification	Marks/ Grade etc	Percentage	Name of the College &University & Year of passing	
18	Experience				
Designation		Period (DD/MM/YYYY)		Total no. of years	Name of the College &University
		From	To		
Tutor/Demonstrator/Resident/Registrar					
Assistant Professor/Lecturer					
Associate Professor					
Professor					
19	Present employment if any		Enclosed-Yes/No		
20	No Objection Certificate from Head of the Institution if in the government medical College. In Govt. in service NOC has to be obtained from the Department head		Enclosed-Yes/No		

21	Higher qualification if any & year of passing, Whether recognized by MCI or not	
22	Papers Presented in concerned subject National/ International Conference	No: Certificate enclosed: yes/No
23	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 2020-21. 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