Government of Karnataka
Kodagu Institute of Medical Sciences, Madikeri
Kodagu District, Karnataka
Phone: 08272 298220 Fax: 08272 298260 E-mail:directormckodagu@gmail.com

APPLICATION FORM FOR THE POST OF: _____
Notification No: KOMS/DRC(8)/2019-20 Dated: 23.01.2020
DD No. and Date: _____
Name of the Post applied_____
Department _____

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	Hyderabad Karnataka local person (Bidar, Gulburga, Bellary, Koppal, Raichur and Yadgir)	Yes ( ) No ( )
7	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue Department	Yes ( ) No ( )
8	Internal Reservation 1. Rural candidate 2. Ex serviceman 3. Physically handicapped 4. Kannada Medium 5. Project Displaced	 Yes ( ) No ( ) Yes ( ) No ( ) Yes ( ) No ( ) Yes ( ) No ( ) Yes ( ) No ( )
9	Nationality	
10	Postal address for correspondence	
11	Mobile No	
12	E-mail ID.	
13	Name of Father / Mother / Husband / wife	
14	Date of Birth (enclose copy of SSLC certificate) Age:	
15	Whether studied in Kannada Medium or 1st or 2nd language as Kannada upto SSLC.	Yes ( ) No ( )
16	Particulars of registration with State Medical Council no to be furnished along with PG registration date (Compulsory)	

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17	Details of the Qualifications :						
Sl No	**Qualification**	**Marks / Grade etc**		**Percentage**	**Name of the College**	**University**	**Year of passing**
		Maximum	**Obtained**				

18	**Experience**				
Designation	**Period** (DD/MM/YYYY)		**Total years of Experience**	**Name of the College & University**
	From	To		
Tutor/Demonstrator/Resident/Registrar				
Assistant Professor/Lecturer				
Associate Professor				
Professor				
Professor and Head				

19	Present employment status	
20	No Objection Certificate from Head of the Institution If in the Private College If in Govt. Service NOC has to be obtained from the Head of the Institute / Competent authority	Enclosed-Yes/No
21	Higher qualification if any & year of passing, Whether recognized by MCI or not	
22	Papers Presented in National Conference(s) International Conference(s) (in chronological order)	Numbers: Certificate enclosed: yes/No Numbers: Certificate enclosed: yes/No
23	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
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 any reason MCI does not grant permission I shall not claim any appointment/compensation	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/black listed by MCI/KMC. 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

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PUBLICATION DETAILS OF : Dr.

POST APPLIED :

DEPARTMENT :

SL NO	ARTICLE TITLE	JOURNAL NAME	VOLUME	ISSUE	YEAR	PAGE NO	AUTHORSHIP 1ST / CORESPONDING	INDEXED (Y/N)	INDEXING AGENCY NAME	ASSOCIATION OR SOCIETY JOURNAL(Y/N)	SAME SUBJECT JOURNAL (Y/N)	ORIGINAL RESEARCH ARTICLE (Y/N)	PUBLISHED DURING THE TENURE OF (ASST PROF, ASSO PROF, PROFESSOR)
1	2	3					4	5		6		7	9

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DECLARATION

I HERE BY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF THE CANIDATE WITH DATE

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