



Government of Karnataka  
**GULBARGA INSTITUTE OF MEDICAL SCIENCES, KALABURAGI**  
(Autonomous Institution of Govt. of Karnataka)  
E-mail:directorgimsgulbarga@gmail.com Phone No 08472-227252

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

Notification No: GIMS/KLB/EST-1/TCC-Walkin interview/ / 2023-24

Dated: 12-10-2023

DD No. and Date: \_\_\_\_\_

Name of the Post applied \_\_\_\_\_

Department \_\_\_\_\_

Affix  
passport size  
Photograph  
(Self  
attested) (Do  
not staple)

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	Kalyan Karnataka local person (Bidar, Kalaburagi, Bellary, Koppal, Raichur, Yadgir and Vijayanagara)	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	Yes ( ) Yes ( ) Yes ( ) Yes ( )	No ( ) No ( ) No ( ) 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 1 <sup>st</sup> or 2 <sup>nd</sup> 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)		

17 Details of the Qualifications :							
Sl No	Qualification	Marks /Grade etc		Percentage	Name of the College	University	Year of passing
		Maximum	Obtained				
18	<b>Experience</b>						
	<b>Designation</b>	<b>Period</b> (DD/MM/YYYY)		<b>Total years of Experience</b>	<b>Name of the College &amp; University</b>		
		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/NMC or not						
22	Papers Presented in National Conference(s) International Conference(s) (in chronological order)			Numbers:	Certificate enclosed: yes/No		
23	Paper Published in National Indexed Journal(s) International Indexed Journal(s) 1 <sup>st</sup> /2 <sup>nd</sup> and Corresponding Author			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	<b>DD details (Number, Date and Bank)</b>						

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/NMC/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

PUBLICATION DETAILS OF : Dr.

POST APPLIED :

DEPARTMENT :

SL NO	ARTICLE TITLE	JOURNAL NAME	VOLUME	ISSUE	YEAR	PAGE NO	AUTHORSHIP 1 <sup>ST</sup> / 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


DECLARATION

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

SIGNATURE OF THE CANDIDATE WITH DATE