



ಕರ್ನಾಟಕ ಸರ್ಕಾರ



ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ (ರಿ), ಕೊಪ್ಪಳ

KOPPAL INSTITUTE OF MEDICAL SCIENCES (R), KOPPAL

ನೋಂದಣಿ ಸಂಖ್ಯೆ:KOL-S243-2012-13 ದಿನಾಂಕ:15-03-2013

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

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No: KIMS, Koppal/ Est-I-81/2015-16

Dated: 21/05 /2015

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 specify with certificate	
6	Hyderabad Karnataka local person(Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgiri)	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	Certificate enclosed 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 <sup>st</sup> /2 <sup>nd</sup> language	

16	Particulars of registration with State Medical council number to be furnished along with.			
17	Details of the Qualifications :			
Sl.no.	Qualification	Marks/ Grade etc	Percentage	Name of the College & University & year of passing
18	<b>Experience</b>			
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 Private College. If in Govt. Service NOC has to be obtained from Director/ Secretariat Dept. of Govt.	Enclosed-Yes/No		
21	Higher qualification if any & year of passing, whether recognized by MCI or not			
22	Papers Presented in National/International Conference in the last three Years.	No: Certificate enclosed :yes/No		
23	Paper Published in National/Indexed Journal as 1 <sup>st</sup> /2 <sup>nd</sup> author/corresponding author in the last three Years.	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 2015-16. If, 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/blacklisted 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