



CHAMARAJANAGAR INSTITUTE OF MEDICAL SCIENCES
(An Autonomous Institute of Govt. of Karnataka)
DISTRICT HOSPITAL PREMISES, B.RACHAIAH DOUBLE ROAD
CHAMARAJANAGAR-571313

PhoneNo.:08226-226160, FaxNo.:08226-222067

E-mail Id:directorcimscrnagara@gmail.com Website:www.cimscrnagara.kar.nic.in

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 Yadgir)	Yes/No
7	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue	
8	Internal Reservation 1. Rural candidate 2. Exserviceman 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 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
		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. In Govt. Service NOC has to be obtained from the 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 Journalas 1 st / 2 nd 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	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