



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(7)/2019-20 Dated: 04.05.2019

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

1	Name of the candidate (in CAPITAL LETTERS)	
2	Subject	
3	Qualifications	
4	Sex	
5	Category, SC/ST, Cat- I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with relevant recent certificates	
6	Hyderabad Karnataka local person (Bidar, Gulbarga, 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 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	<b>Details of the Qualifications :</b>			
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 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: Numbers:	Certificate enclosed: yes/No Certificate enclosed: yes/No	
23	Paper Published in National Indexed Journal(s) International Indexed Journal(s) 1 <sup>st</sup> /2 <sup>nd</sup> authorship only considered	Numbers: Numbers:	Certificate enclosed: yes/No 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/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> / CORRESPONDING	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