



HAVERI INSTITUTE OF MEDICAL SCIENCES
(An Autonomous Institute of Govt. of Karnataka)
I Floor MCH Block District Hospital Campus HAVERI - 581110

APPLICATION FORM FOR THE POST OF: _____

Notification No: _____ Dated: _____

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	Kalyana Karnataka local person (Bidar, Gulburga, Bellary, Koppal, Raichur Vijayanagar and Yadgir)	Yes () NO ()
	If yes, Eligibility Certificate issued by jurisdictional Assistant Commissioner,	Yes () NO ()
7	Horizontal Reservation	
	1. Woman	Yes () NO ()
	2. Rural candidate	Yes () NO ()
	3. Physically Handicapped	Yes () NO ()
	4. Ex-serviceman	Yes () NO ()
5. Kannada Medium	Yes () NO ()	
8	Nationality	
9	Postal address for correspondence	
10	Mobile No	
11	E-mail ID.	
12	Name of Father / Mother / Spouse	
13	Date of Birth (enclose copy of SSLC certificate) Age:	
14	Whether studied in Kannada Medium or 1st or 2 nd Kannada language upto SSLC.	
15	Particulars of registration with State Medical Council indicating the number to be furnished along with PG registration date (Compulsory)	

16	Details of the Qualifications :						
Sl. No	Qualification	Marks / Grade etc		Percentage	Name of the College	University	Year of passing
		Maximum	Obtained				
17	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							
18	Present employment status			Employed/Free lancing			
19	No Objection Certificate from Head of the Institution If in Govt. Service NOC has to be obtained from the Head of the Institute / Competent authority			Enclosed-Yes/No			
20	Higher qualification if any along with year of passing, indicating recognition by MCI or otherwise						
21	Papers Presented in National Conference(s) International Conference(s) (in chronological order)			Numbers:	Certificate enclosed:yes/No		
				Numbers:	Certificate enclosed:yes/No		
22	Paper Published in National Indexed Journal(s) International Indexed Journal(s) 1 st /2 nd and Corresponding Author			Numbers:	Certificate enclosed:yes/No		
				Numbers:	Certificate enclosed:yes/No		
23	WHO fellowship in the same subject						
24	University Gold Medal (if any)						
25	Any other information						
26	I understand that my appointment is provisional and subject to the acceptance by Medical Council of India. I also agree that, for any reason MCI does not grant permission, I shall not claim any compensation/damages			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. I also certify that there are no criminal cases pending 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 is liable for termination without notice. I shall not claim TA/DA or any compensation for attending the interview.

Place:

Date:

Signature of the Candidate