



# YADGIR INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute of Govt. of Karnataka)

YADGIR - 585202



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

Notification No:YIMS:DR/01/2021-22 Dated: 04-06-2021



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, Kalaburgi, 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 Handicap	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 <sup>nd</sup> Kannada up to SSLC.	
15	Particulars of registration with State Medical Council indicating the number to be furnished along with PG registration date ( Compulsory)	

16	<b>Details of the Qualifications :</b>						
Sl. No	Qualification	Marks / Grade etc		Percentage	Name of the College	University	Year of passing
		Maximum	Obtained				
17	<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							
18	Present employment status			Employed/Free lancing			
19	Candidates working in Govt. Institutions are required to produce NOC issued by Head of the Institute.			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 <sup>st</sup> /2 <sup>nd</sup> 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 .....			
27	<b>DD details (Number, Date and Bank) OR SB Collect Ref Number.</b>						

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