



ಚಿಕ್ಕಮಗಳೂರು ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಚಿಕ್ಕಮಗಳೂರು

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

ಅರಳುಗುಪ್ಪೆ ಮಲ್ಲೇಗೌಡ ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ, ಆಜಾದ್ ಪಾರ್ಕ್ ಹತ್ತಿರ, ಚಿಕ್ಕಮಗಳೂರು-577101

ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 08262-295347

ಜಾಲತಾಣ: <https://cimschikkamagaluru.karnataka.gov.in>

ಇ-ಮೇಲ್: directorcims2020@gmail.com

APPLICATION FORM FOR THE POST OF DEAN CUM DIRECTOR

Affix

Passport size

Photograph

(Please fill Sl No:1 to 4 in capital Letters Only)

1.	Name of the Applicant					
2.	Name of the Father/Mother /spouse					
3.	a. Permanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E-Mail ID					
4.	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5.	QUALIFICATION (Enclose Relevant Document)					
	Qualification	Marks/Grade	Percentage	Name of the College	University	Year of Passing
a.	M.B.B.S					



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b.	M.D. /M.S. ()					
c.	M.ch/DM ()					
d.	Any other equivalent or additional qualification					
6.	Particulars of registration with State Medical Council (Enclose Relevant Document)					
7.	Teaching Experience (Enclose Relevant Document)					
	Designation		Period			
			From	To	Total No. of years	Name of the College
						Name of the University
	a.	Tutor/ Demonstrator/ Resident/ Registrar				
	b.	Assistant Professor/ Lecturer				
	c.	Associate Professor				
	d.	Professor				
	e.	Professor &HOD				
8	Present place of working & designation					
9	No. of years of administrative experience(supportive					



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	document to be enclosed)		
10	Publication : National Journals: International Journals:		
11	Total years of experience as Professor		
12	Extracurricular activities :Sports/Cultural Medals at University/ State/ National		
13	Experience as :	No. of years	
	a) Dean/Director/Professor/HoD		
	b) Principal		
	c) Medical Superintendent of Teaching		
	d) Hospital Joint Director (Medical		
	e) Education) Deputy director (Medical Education)		
14	Whether assets & Liabilities Statement filed every year for the last 5 years(Enclosed Copies)		
15	In the last Six years		
	a	The post/ designation under which the candidate was/ is working	
	b	Progress achieved in each designation	
	c	Details of Innovative initiatives made by the applicant	
	d	The results obtained because of these initiatives	
16	Any other information the candidates wishes to state		



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17	Details of the personal interest/ stake holdings/ patron/membership/ shares/ honorary membership in any of the private establishment/ society/ trust/ nursing/ homes/ Pvt. Hospitals/ diagnostic centers/ Pharmacies/ or any other business/ charity of which the applicant/ wife/ children are part of it in any capacity with regard to Health & Medicine should be furnished voluntarily with all details including name of the entity, capacity in which the applicant is working & annual income from the same.	
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Note: candidate should enclose relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made and information furnished by me in the application form and also in the enclosure(s) submitted by me are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous service. I have not been subjected to the Departmental Enquiry and punished or convicted under any criminal case. If any information furnished there in is found to be fraudulent, incorrect or untrue, I am liable for criminal prosecution and cancellation of my appointment. I agree to abide by the Rules and Regulations prescribed by the Government/Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru By-laws.

Date:-----

Place:-----

Signature of the Applicant