



CHIKKAMAGALURU INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute of Govt. of Karnataka)

Aralaguppe Mallegowda District Hospital, Azad Park Road Chikkamagaluru-577101
Phone No.: 08262-295347 E-mail Id: directorcims2020@gmail.com

Notification No:CIMS/NON TEACHING/APPO/01/2023-24 Dated:13/06/2023

Application for the post of:

Date of submission of the Application: _____

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1	Name of the candidate (in CAPITAL LETTERS)													
2	Qualifications prescribed for the post (enclose certificate)													
3	Gender													
4	Category : (enclose certificate)													
5	Nationality													
6	Postal address for correspondence Mobile No <table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> E-mail ID:													
7	Name of Father/ Mother/ Husband/Wife													
8	Age in Years and Date of Birth as recorded in the S.S.L.C. Markscard													
9	Indicate Kannada Language in SSLC or equivalent examination 1 st , 2 nd or 3 rd Language.	1 st Language Kannada	2 nd Language Kannada	3 rd Language Kannada										
		Marks Scored		Max. Marks										
9	Marks secured in 2 nd PUC exams	Marks Scored		Max. Marks										

10	Details of the Qualification :					
Sl.No	Qualification	Max. Marks	Marks Obtd.	% age	University / Board	Year of Passing
11	Experience of previous appointments (enclose experience certificates)					
	Designation	Period (DD/MM/YYYY)		Total No. of years	Name of the Institution	
		From	To			
12	Higher qualification if any (MSC/PhD) & year of passing from the recognized University / College (enclose certificate)					
13	Details of teaching experience if any collages (enclose certificate)					
14	Details of present employment if any (and NOC from the Institute if working in Government Institute / Hospital)					
15	Other Information					

NOTE:

1. Applicants should produce two sets of attested Marks cards & other related documents along with application form. Original documents should be produced at the time of verification of documents.
2. Xerox copies of all original documents duly self-attested.
3. Xerox copy of Address and ID Proof.
4. Incomplete application shall not be accepted.

DECLARATION

I hereby declare that the information furnished is true and correct to the best of my knowledge and belief. If any of the information furnished is found to be false or incorrect, I shall be liable for civil/criminal action as per the rules of Government of Karnataka.

Place:

Date:

Signature of the Candidate