Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru walk in Interview

Post applied for: Assistant /Associate/Professor: Department:

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| **Name of the Candidate** | DD Number | DUENo | Mobile no | Email Id | Categ ory | Valid Cate certiﬁcate enclosed? | Gender | 10th Marks card enclosed? | DOB |
|  |  |  |  |  |  |  |  |  |
| Age Acc. to 1oth marks card  | **Kalyana Karnataka** **Y/N.** If yes, Valid KK certiﬁcate enclosed? | **Rural** candidate? If yes, FORM 1 & 2 for GM and FORM 2 for others enclosed? | **Kannada**Medium? If yes, certiﬁcate enclosed? | **Physically****Handicapped**? If yes, certiﬁcate enclosed? | **Ex Serviceman?** If yes, certiﬁcate enclosed? | If Working in **Govt., NOC**Certiﬁcate enclosed? | SalaryCertiﬁcate/Form 16 enclosed or not | MBBS Marks card 1st/2nd/3rd/4th year enclosed/not enclosed | Max Marks/Obtained Marks | Percentage |
|  |  |  |  |  |  |  |  |  |  |  |
| MD/DNB/Dipl oma Marks Card enclosed /not enclosed | Max Marks //Obtained Marks | Percentage | MBBS/MSc/ MD/MS/DNB/ Diploma Degree certiﬁcate enclosed or not | MBBS/MSc/ MD/MS/DNB/ Diploma registration certiﬁcate Enclosed /Not Enclosed | Experience certiﬁcate as PG cum Tutor/ JR | Experience as **Senior Resident** after LOP/recognized Medical College. **Applying for Assistant Professor** after **5/6/2017****Yes /No**, If yes, provide the details below. |
| Institution | From | To | TotalYY/MM/DD |
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| Experience as **Assistant Professor** after LOP/Recognized Medical | Mandatory 2 | Experience as **Associate Professor** after LOP/Recognized Medical College | Mandatory 2 |
| College | publication as perMCI/NMC after |  | publication as perMCI/NMC after |
|  |  |  |  |  |  |  |  |
| Institution | From | To | Total | **24th July 2014**, | Institution | From | To | Total YY/MM/DD | **24th July 2013,** |
|  |  |  | YY/MM/DD | during the periodof Asst Prof |  |  |  |  | during the periodof Asso Prof |
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| **Cumulative Total Experience as Assistant Professor** |  | **Cumulative Total Experience as Associate Professor** |  |

|  |  |  |
| --- | --- | --- |
| Experience as **Professor** after LOP/ Recognized Medical College |  |  |
| Institution | From | To | Total YY/MM/DD |
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|  |  |  |  |
| **Cumulative Total Experience as Professor** |  |  |  |

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND NOTHING HAS BEEN CONCEALED / DISTORTED. IF I AM FOUND TO HAVE CONCEALED/DISTORTED/FACTUALLY SUBMITTED WRONG INFORMATION, MY APPOINTMENT IS LIABLE FOR TERMINATION WITHOUT NOTICE.**

 **SIGANTURE OF THE CANDIDATE :**

**NAME (IN BLOCK LETTER) :**

 **DATE :**