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 | DUE  No | 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? | Salary  Certiﬁcate  /Form 16 enclosed or not | | MBBS Marks card 1st  /2nd/3rd/4th year enclosed  /not enclosed | | | Max Marks  /Obtained Marks | | | Percentage |
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| 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 | Total  YY/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 per  MCI/NMC after |  | | | | | | | | | | publication as per  MCI/NMC after |
|  | |  | |  |  | |  | |  | |  | | | |  | |
| Institution | | From | | To | Total | | **24th July 2014**, | Institution | | From | | To | | | | Total YY/MM/DD | | **24th July 2013,** |
|  | |  | |  | YY/MM/DD | | during the period  of Asst Prof |  | |  | |  | | | |  | | during the period  of Asso Prof |
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| **Cumulative Total Experience as Assistant Professor** | | | | |  | | **Cumulative Total Experience as Associate Professor** | | | | | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| 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 :**