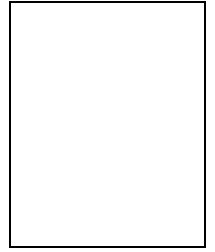


Government of Karnataka  
DIRECTORATE OF MEDICAL EDUCATION  
Ananda Rao Circle, Bangalore-9, [email.dmekarnataka@yahoo.com](mailto:email.dmekarnataka@yahoo.com)  
APPLICATION FORM FOR THE POST OF DIRECTOR, INDIRA  
GANDHI INSTITUTE OF CHILD HEALTH, BANGALORE



Notification No:

|          |   |                                 |                                |                                |                                   |                            |
|----------|---|---------------------------------|--------------------------------|--------------------------------|-----------------------------------|----------------------------|
| <b>1</b> | Name of the Candidate<br>(in capital letters)   |                                 |                                |                                |                                   |                            |
| <b>2</b> | Name of the Father / Mother /<br>Husband/wife   |                                 |                                |                                |                                   |                            |
| <b>3</b> | a) Permanent Address<br>(in Capital letters with Mobile<br>No. and E-mail ID)   |                                 |                                |                                |                                   |                            |
|          | b) Postal Address for<br>correspondence<br>(in Capital letters)   |                                 |                                |                                |                                   |                            |
| <b>4</b> | Place and Date of Birth<br>(as recorded in the SSLC certificate)<br>a. Nationality<br>b. Religion<br>c. Caste<br>d. Sex |                                 |                                |                                |                                   |                            |
| <b>5</b> | QUALIFICATION WITH THE FOLLOWING DETAILS (in Capital Letters)   |                                 |                                |                                |                                   |                            |
|          | <b>Qualification</b>  | <b>Marks/<br/>Grade<br/>etc</b> | <b>Perce<br/>ntage<br/>(%)</b> | <b>Name of the<br/>College</b> | <b>Name of the<br/>University</b> | <b>Year of<br/>passing</b> |
|          | <b>SSLC</b>   |                                 |                                |                                |                                   |                            |
|          | <b>Intermediate/<br/>PUC</b>  |                                 |                                |                                |                                   |                            |
|          | <b>MBBS</b>   |                                 |                                |                                |                                   |                            |
|          | <b>MD/MS</b>  |                                 |                                |                                |                                   |                            |
|          | <b>Any Fellowship<br/>in the field of<br/>paediatrics</b>   |                                 |                                |                                |                                   |                            |

|  |  |                      |    |                          |                                    |                           |
|--|--|----------------------|----|--------------------------|------------------------------------|---------------------------|
| <b>Any superspeciality qualification in the field of paediatrics</b> |  |                      |    |                          |                                    |                           |
|  |  |                      |    |                          |                                    |                           |
|  |  |                      |    |                          |                                    |                           |
|  |  |                      |    |                          |                                    |                           |
| <b>6</b>   | Particulars of registration with Medical Council of India/State Medical Council (registration should be for both UG and other qualification) to be furnished |                      |    |                          |                                    |                           |
| <b>7</b>   | EXPERIENCE (In Capital letters)  |                      |    |                          |                                    |                           |
| Designation  |  | Period<br>(DD/MM/YY) |    | Total<br>No. of<br>Years | Name of<br>College<br>/Institution | Name of the<br>University |
|  |  | From                 | To |                          |                                    |                           |
| Lecturer /Assistant Professor  |  |                      |    |                          |                                    |                           |
| Assistant Professor  |  |                      |    |                          |                                    |                           |
| Associate Professor  |  |                      |    |                          |                                    |                           |
| Professor  |  |                      |    |                          |                                    |                           |
| Professor& HOD   |  |                      |    |                          |                                    |                           |
| <b>8</b>   | Present status of employment<br>(State or Central Govt. or Autonomous Institutions/Private Education Institution /Self employed/others please specified)     |                      |    |                          |                                    |                           |
| <b>(a)</b>   | In-service<br>I. Place of working  |                      |    |                          |                                    |                           |
| <b>9</b>   | Other information /<br>Achievement   |                      |    |                          |                                    |                           |

|     |                                     |  |
|-----|-------------------------------------|--|
| (a) | Paper Presented                     |  |
|     | I. State conference                 |  |
|     | II. National Conference             |  |
|     | III. International Conference       |  |
| (b) | Sports activities:                  |  |
|     | I. University Level                 |  |
|     | II. State Level                     |  |
|     | III. National Level                 |  |
|     | IV. International level             |  |
|     | (c) Any other relevant information: |  |
| 10  | Particular of Demand Draft          | D.D.No..... & Dtd:.....<br>Rs.....<br>Bank.....<br>..... |

**Note: Candidates should encloses copies of relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.**

**Declaration:**

I hereby solemnly and sincerely 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. Should however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars, I am liable for criminal prosecution and I also agree to forego my post. I agree to abide by the rules and regulations prescribed for the same by the Government/Indira Gandhi Institute of Child Health, Bangalore.

Date:

Place :

**Signature of the candidate**

