



Government of Karnataka
CHIKKABALLAPUR INSTITUTE OF MEDICAL SCIENCES,
CHIKKABALLAPUR

(An Autonomous Institution)

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Interview Notification No:CIMS /CKB/ Interview/ 31 /2020-21

Date:12-02-2021

(To be filled by the Candidates)

APPLICATION FOR THE POST OF _____
IN DEPARTMENT OF _____

(Fill in BLOCK LETTERS)

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1	Name of Candidate:	
2	Subject:	
3	Qualification:	
4	Gender:	
5	Nationality:	
6	Category- SC/ST, Cat-I/IIA/IIB/IIIA/IIIB/GM	
7	HK-371(J) Reservation (Yes/No)	
8	Rural Reservation: (Yes/No)	
9	Physically Challenged: (Yes/No)	
10	Postal address for correspondence:	
11	Mobile No.	
12	E-mail ID:	
13	Name of Father: Name of Mother: Name of Spouse:	
14	Date of Birth as recorded in the SSLC Marks Card/ Birth Certificate & Age:	
15	Whether Studied in Kannada as 1 st / 2 nd Language till SSLC(Yes/No)	
16	Valid registration No. with State Medical Council:	
17	Current working designation and Institute (If any)	
18	Whether attended the NMC Inspection for the academic year 2020-21: (Yes/No) If yes Name of the institution and date of the inspection	
19	NOC submitted from the previous Govt. Dept/institute(Yes/No/Not Applicable)	

20. Qualification Details:

Sl. No.	Qualification	Marks / Grade Etc., Aggregate of all years			Name of the college & University	Year of Passing	Whether Recognized by MCI	Date of registration with state medical council
		Max. Marks	Marks Obtained	%				
1	MBBS							
2	PG							
3	DIPLOMA							
4	Higher qualification if any							

21. Teaching Experience Details:

Sl. No.	Designation	Name of Institution & University	Period (DD/MM/YY)		Total Experience in years & months
			From	To	
1	Tutor / Junior Residents				
2	Senior Resident				
3	Lecturer/ Assistant Professor				
4	Associate Professor				
5	Professor				

22	Scientific papers (Oral/Poster) presented in the state/National/International conferences	Nos:
23	Research papers published (As per MCI Guidelines) (Xerox copies of first page of article to be enclosed along with Indexing agency)	State/National: Nos: International Nos:
24	WHO fellowship in the same subject (YES / NO)	
25	University Gold Medal (YES / NO)	
26	Any other information	
27	DD Details (Rs. 2000/-, drawn in favor of ' DIRECTOR, CHIKKABALLAPUR INSTITUTE OF MEDICAL SCIENCES, CHIKKABALLAPUR ' payable at CHIKKABALLAPUR)	DD No: Date: Bank Name:

- I understand that my appointment is provisional in nature and subject to the approval given by National Medical Commission for the year 2021-22. If, for any reason National Medical Commission does not grant permission, I shall not claim any appointment / compensation.
- I hereby declare that I have not appeared for UG/PG NMC inspection of any Medical College for the academic year 2020-21.
- I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted. I also certify that there are no criminal cases against me. I have not been debarred from exams / dismissed from service / black listed by NMC /KMC/DCI. If I am found to have concealed / distorted / factually submitted wrong information, my appointment shall be liable to termination without notice / compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place:

Date:

Signature of the Candidate

Note :

- 1) All the relevant original testimonials shall be produced at the time of interview.
- 2) Enclose one set of relevant Xerox copies of Certificates.