



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ-580022

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI-580022.

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ಸಂ.ಕಿಮ್ಸ್:ಮುಅಅ/ 370 /2018-19

ದಿ: 10 :01: 2019

ಪ್ರಕಟಣೆ

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ ಈ ಸಂಸ್ಥೆಯ ನಿರ್ದೇಶಕರ ಹುದ್ದೆಯ ನೇಮಕಾತಿಗಾಗಿ ಅರ್ಹ ಅಭ್ಯರ್ಥಿಗಳಿಂದ ಅರ್ಜಿಗಳನ್ನು ಅಹ್ವಾನಿಸಲಾಗಿದೆ. ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ, ನಿರ್ದೇಶನಾಲಯ ಬೆಂಗಳೂರು ಇವರ ಹೆಸರಿನಲ್ಲಿ ರೂ.5000/- ಗಳ ಡಿಮ್ಯಾಂಡ್ ಡ್ರಾಫ್ಟನ್ನು (ಹಿಂದಿರುಗಿಸಲಾಗದಿರುವ) ಪಡೆದು ಅಗತ್ಯ ದಾಖಲಾತಿಗಳೊಂದಿಗೆ ಅರ್ಜಿಯನ್ನು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು, ಇವರಿಗೆ ದಿ : 25/01/2019 ರಂದು ಸಂಜೆ 5.30 ಗಂಟೆಯೊಳಗೆ ತಲುಪುವಂತೆ ಸಲ್ಲಿಸತಕ್ಕದ್ದು. ಅರ್ಹ ಅಭ್ಯರ್ಥಿಗಳಿಗೆ ಸಂದರ್ಶನದ ದಿನಾಂಕವನ್ನು ತದನಂತರ ತಿಳಿಸಲಾಗುವುದು. ನಿಗದಿತ ಅರ್ಜಿ ನಮೂನೆ ಹಾಗೂ ಹೆಚ್ಚಿನ ಇತರೆ ಮಾಹಿತಿಗಳನ್ನು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ, ನಿರ್ದೇಶನಾಲಯದ ವೆಬ್‌ಸೈಟ್ www.karnataka.gov.in / dmekarnataka ಅಥವಾ www.kimshubli.org ನಿಂದ ಪಡೆಯಬಹುದು.

ಮುಖ್ಯ ಆಡಳಿತಾಧಿಕಾರಿಗಳು
ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ
ಹುಬ್ಬಳ್ಳಿ



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
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NOTIFICATION

Applications are invited from eligible candidates for the post of Director & Dean at Karnataka Institute of Medical Sciences, Hubli.

Eligibility Criteria:-

1. The Candidates for the said post shall be selected based on seniority cum merit from amongst the Professors in this Institution.
2. The Dean cum Director to be appointed must have 10 years of teaching experience as Professor or Associate Professor out of which at least five years as Professor in the particular department.
3. Candidates shall have administrative experience either as Medical Superintendent or as Head of the Department at least for 05 years
4. Candidates shall satisfy Medical Council of India norms for appointment to the said post.
5. Maximum upper age limit for the said post shall be 58 years on the date of notifications.

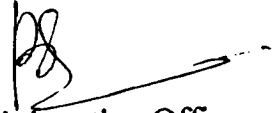
Mode of Selection:- Senior most eligible Professors amongst the applicants shall be short listed & called for the Interview. Date and Venue will be intimated later.

Pay Scale:- Rs. 37400-67000+ AGP 10000/- with applicable allowances.

Period of Appointment:- Maximum four years from the date of appointment or until further Government Order whichever is earlier.

Instructions :- Candidates applying to the Director & Dean post shall submit application in a prescribed format which can be downloaded from the DME website : www.karnataka.gov.in / dmekarnataka or www.kimshuballi.org . The filled up application should be submitted to Directorate of Medical Education, Anand Rao Circle, Bengaluru-560009 by "registered post with acknowledgement due". A non-refundable DD for Rs.5000/- drawn in favour of Director of Medical Education, Bengaluru along with relevant supporting documents.

Last date for submission of applications : 25/01/2019 before 5.30 pm.


Chief Administrative Officer
Karnataka Institute of Medical Sciences
Hubballi



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KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI-580022.

APPLICATION FORM FOR THE POST OF DIRECTOR

Of Karnataka Institute of Medical Sciences

Affix
Passport size
Photograph

(Please fill Sl.No 1 to 4 in Capital Letters only)

1.	Name of the Applicant					
2.	Name of Father/Mother/Spouse					
3.	a. Parmanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E-Mail ID					
4.	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5.	QUALIFICATION (Enclosed Relevant Documents)					
	Qualification	Marks/ Grade	Percentage	Name of the college	University	Year of passing
a.	M.B.B.S					
b.	M.D./M.S ()					
c.	M.ch/DM ()					
d.	Any other equivalent or additional qualification					
6.	Particulars of registration with State Medical Council (Enclose Relevant Documents)					

7.	Teaching Experience (Enclosed Relevant Documents)						
	Designation		Period		Total No. of years	Name of the college	Name of the University
			From	To			
a.	Tutor/ Demonstrator/ Resident/ Registrar						
b.	Assistant Professor/ Lecturer						
c.	Associate Professor						
d.	Professor						
e.	Professor & HOD						
8.	Present place of working & Designation						
9.	No. of years of administrative experience (supportive documents to be enclosed)						
10.	Publications: National Journals: International Journals:						
11.	Total years of experience as Professor						
12.	Extracurricular activities : Sports / Cultural Modals at University / State / National						
13.	Experience as: a) Dean / Director / Professor / HOD b) Principal c) Medical Superintendent of Teaching Hospital d) Joint Director (Medical Education)					No. of years	
14.	Whether Assets & Liabilities Statement filed every year for the last 5 years (Enclosed copies)						

15.	In the last six years		
	a.	The post / designation under which the candidate was / is working	
	b.	Progress achieved in each designation	
	c.	Details of Innovative initiatives made by the applicants	
	d.	The results obtained because of these initiatives	
16.	Any other information the candidates wishes to state		
17.	Details of the personal interest / stake holdings / patron / membership / shares / honorary membership in any of the private establishment / society / trust / nursing homes / pvt. Hospitals / diagnostic centers / pharmacies / or any other business / charity of which the applicant / wife / children are part of it in any capacity with regard to Health & Medicine should be furnished voluntarily with all details including name of the entity, capacity in which the applicant is working & annual income from the same.		

Note: Candidate should enclose relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made and information furnished by me in the application from 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. If any information furnished therein is found to be fraudulent, incorrect or untrue, I am liable for criminal prescribed by the cancellation of my appointment. I agree to abide by the Rules and Regulations prescribed by the Government / Institutional bye-laws.

Date:-----

Place:-----

Signature of the Applicant