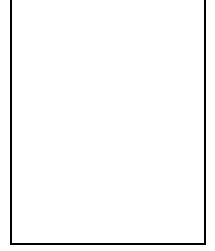


Government of Karnataka
 INDIRA GANDHI INSTITUTE OF CHILD HEALTH
 Dharmaram college Post, Bangalore-560029,
 Email: ihealthchild@yahoo.in , dmekarnataka@yahoo.com
 APPLICATION FORM FOR THE POST OF DIRECTOR, INDIRA GANDHI
 INSTITUTE OF CHILD HEALTH, BANGALORE



Notification No:

1	Name of the Candidate (in capital letters)					
2	Name of the Father / Mother / Husband/wife					
3	a) Permanent Address (in Capital letters with Mobile No. and E-mail ID)					
	b) Postal Address for correspondence (in Capital letters)					
4	Place and Date of Birth (as recorded in the SSLC certificate) a. Nationality b. Religion c. Caste d. Sex					
5	QUALIFICATION : (i.e M.D in Paediatrics, M.Ch in Paediatric surgery or equivalent qualification recognized as such by the Medical Council of India)					
5(a)	Courses passed	Marks/ Grade etc	Percenta ge (%)	Name of the College	Name of the University/Board	Year of passing
	SSLC					
	Intermediate/ PUC					
	MBBS					
	MD/MS					
	DM / MCh					

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

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

Note: Candidates should enclose 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 of Karnataka / Indira Gandhi Institute of Child Health, Bangalore.

Date:

Place :

Signature of the candidate