



Government of Karnataka  
**Karwar Institute of Medical Sciences, Karwar**

(An Autonomous Institution)  
M G Road, Karwar, Uttarakannada District



Website: www.kimskarwar.kar.nic.in Email id: directorkarwarinc@gmail.com Phone No. 08382 -226650 Fax No. 08382-220364

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

Affix Passport  
Size  
Photograph

**Application for the Post of**

**Department:**

**Qualification:**

1	<b>Name of the Applicant</b>	
2	<b>Name of the Father /Mother /Spouse</b>	
3	<b>a. Present employment</b> <i>(including salary details)</i>	
	<b>b. Permanent address</b>	
	<b>c. Address for correspondence</b>	
	<b>d. Mobile Number</b>	
	<b>e. E-Mail ID</b>	
4	<b>a. Date of Birth &amp; Age</b> <i>(as recorded in the SSLC certificate)</i>	
	<b>b. Nationality</b>	
	<b>c. Religion</b>	
	<b>d. Caste &amp; Category</b>	
	<b>e. HK /Non HK</b> <i>(certificate to be enclosed)</i>	
	<b>f. Details of Kannada language passing / exemption.</b> <i>(certificate to be enclosed)</i>	
5	<b>Details of Pending enquiries, cases on candidates.</b>	
6	<b>Details of Complaints or Cases made by the candidate at MCI / NMC, at Govt. or at RGUHS.</b>	

7	<b>Qualification</b> ( <i>Enclose Relevant Documents</i> ):								
	<b>Qualification</b>	<b>Marks /Grade</b>	<b>Percentage</b>		<b>Number of attempts</b>	<b>Name of the MCI recognised Medical College</b>	<b>Name of the MCI recognised University</b>	<b>Year of Passing</b>	
			<b>100%</b>	<b>85%</b>					
	a	M.B.B.S. / B.D.S. ( <i>Aggregate of all the year</i> )							
b	M.D./M.S. /DNB/MDS ( )								
c	M.Ch /DM ( )								
8	<b>Particulars of registration with State Medical Council</b> ( <i>Enclose Relevant Documents</i> )								
9	<b>Teaching Experience</b> ( <i>Enclose all relevant documents like appointment order joining report, salary details, experience certificate, relieving order &amp; Form No. 16</i> )								
	<b>Designation</b>	<b>Period</b>		<b>Total No of years</b>	<b>Name of the MCI / NMC recognised Medical College</b>	<b>Name of the MCI /NMC recognised University</b>	<b>Contract Basis / Regular</b>		
		<b>From</b>	<b>To</b>						
	a	Tutor							
		Junior Resident							
		Senior Resident							
	b	Assistant Professor / Lecturer							
	c	Associate Professor							
d	Professor								
10	<b>Details of experience other than Teaching</b> ( <i>Enclose Relevant Documents</i> )								

<b>11</b>	<b>Present status of Employment in medical college /Institution /Organisation. (Enclose Relevant Documents) &amp; details of salary drawn.</b>		
	a	Place Work	Government
			Private
b	Retired ( <i>post last held</i> )		
<b>12</b>	<b>Achievement /Other information (Enclose Relevant Documents)</b>		
a	1. Paper Publications (indexed journal)		
	2. Paper Presentations ( <i>State / National /International Conference</i> )		
	3. University Gold Medals		
	4	WHO fellowship	
		Other fellowships	
	b	MET –Training ( <i>enclose details</i> )	Yes/No.
c	Any other:		
<b>13</b>	Details of last MCI inspection attended ( <i>enclose downloaded copy from MCI website</i> )		

**Note:** Candidate should enclose relevant documents attested by Gazetted Officer along with 2 passport size photo & Rs. 500/- DD. Enclose separate sheets if needed. Incomplete applications are liable to be rejected.

### **DECLARATION**

I hereby solemnly affirm that the statements made, information furnished, and experience certificates and documents submitted by me along with this declaration are true and correct to the best of my knowledge and belief. I have not submitted any false information. I also hereby declare that during my previous appointment, I have not been subjected to Departmental Enquiry and punished or convicted under any criminal case. I have not produced false information or faced enquiries by MCI or any other authorities. If any information furnished herein is found to be fraudulent, incorrect or untrue, I am liable for prosecution and cancellation of my appointment. I agree to abide by the Rules and Regulations prescribed by the Government, and bye-laws of Karwar Institute of Medical Sciences, Karwar.

Signature of the Applicant

Date :

Place :