



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: directorkarwar@kimskarwar.org Phone No. 08382 -226650 Fax No. 08382-220364

Date:

(Please fill Sl. No. 1 to 4 in Capital Letters only)		Affix Passport Size Photograph
<u>Application for the Post of</u>		
<u>Department:</u>		
<u>Qualification:</u>		
1	Name of the Applicant	
2	Name of the Father /Mother /Spouse	
3	a. Permanent 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	
	e. HK /Non HK	

(P.T.O)

5 Qualification (Enclose Relevant Documents)							
	Qualification	Marks /Grade	Percentage		Name of the College	Name of the University	Year of Passing
			100%	85%			
a	M.B.B.S. (Aggregate of all the year)						
b	M.D. /M.S. /DNB ()						
c	M.Ch /DM ()						
d	M. Sc.						
	Ph. D.						
6 Particulars of registration with State Medical Council (Enclose Relevant Documents)							
7 Teaching Experience (Enclose Relevant Documents)							
	Designation	Period		Total No of years	Name of the College	Name of the University	
		From	To				
a	Tutor						
	Junior Resident						
	Senior Resident						
b	Assistant Professor / Lecturer						
c	Associate Professor						
d	Professor						
e	Professor & HOD						

8	Present status of Employment in medical college /Institution /Organisation. (Enclose Relevant Documents)				
	a	Place Work	Government		
			Private		
b	Retired				
9	Achievement /Other information (Enclose Relevant Documents)				
	a	1. Paper Publications (Local/Institutional, National, International)			
		2. Paper /Poster Presentations (State /National /International Conference)			
		3. University Gold Medals			
		4	WHO fellowship		
			Other fellowships		
	5. Basic MET certificate, if yes give details.				
	b	Sports Activities /Extra Curricular Activity			
c	Any other information				
10	Date of last MCI inspection attended				

Note: Candidate should enclose relevant documents. Enclose separate sheets if needed. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made, information furnished, and documents submitted by me along with this declaration are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous appointment, I have not been subjected to the 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 therein 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 :