



Government of Karnataka
GULBARGA INSTITUTE OF MEDICAL SCIENCES, GULBARGA
(Autonomous Institution of Govt. of Karnataka) E-
mail:directorgimsgulbarga@gmail.com Phone No 08472-227252 fax 260252

APPLICATION FORM FOR THE POST OF

Notification No:

DD No :

1	Name of candidate (in capital letters)	
2	Subject	
3	Qualifications prescribed for the post	
4	Sex	
5	Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with certificate	
6	Hyderabad Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir)	YES/ NO
7	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue	
8	Internal Reservation 1. Rural candidate 2. Ex serviceman 3. Physically handicapped 4. Kannada Medium 5. Project Displaced	Certificate enclosed Yes/No Yes/No Yes/No Yes/No Yes/No
9	Nationality	
10	Postal address for correspondence	
11	Mobile No	
12	E-mail ID.,	
13	Name of Father/Mother/Husband/wife	
14	Date of Birth as recorded in the SSLC certificate	
15	Studied Kannada as 1 st /2 nd language	
16	Particulars of registration with State Medical Council/ to be furnished along with PG registration date (Compulsory)	

17	Details of the Qualifications :			
Sl.No.	Qualification	Marks/ Grade etc	Percentage	Name of the College &University & Year of passing
18	A) Experience (required for the post) B) Higher experience than experience required for the post			
Designation	Period (DD/MM/YYYY)		Total no. of years	Name of the College &University
	From	To		
Tutor/Demonstrator/Resident/Registrar				
Assistant Professor/Lecturer				
Associate Professor				
Professor				
19	Present employment if any		Enclosed-Yes/No	
20	No Objection Certificate from Head of the Institution if in the Private College. In Govt. Service NOC has to be obtained from the Head of the Institute.		Enclosed-Yes/No	
21	Higher qualification if any & year of passing, Whether recognized by MCI or not			
22	Papers Presented in National/International Conference in the last three Years.		No: Certificate enclosed: yes/No	
23	Paper Published in National/Indexed Journals 1 st /2 nd author/corresponding author in the last three Years.		No: Copies enclosed: yes/No	
24	WHO fellowship in the same subject			

25	University Gold Medal (if any)	
26	Any other information	
27	I understand that my appointment is provisional in nature and subject to the approval given by Medical Council of India for the year 2019-20. If, for any reason MCI does not grant permission I shall not claim any appointment/compensation	Agreed Signature Date
28	DD details(Number, Date and Bank)	

I certify that the above Information is correct and complete to the best of my knowledge and nothing has been concealed/ distorted also certify that there are no criminal cases against me, I have not been debarred from exams/dismissed from service/black listed by MCI/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 : Signature of the Candidate

Date: