

MANDYA INSTITUTE OF MEDICAL SCIENCES, MANDYA

APPLICATION FORM for Walk In Interview to be held on 18.09.2019

Notification No: MIMS/EST(1)/57/2019-20, dated: 31.08.2019

Only the Candidate belonging to Hyderabad- Karnataka Area are eligible to apply.

1) POST APPLIED FOR - PROFESSOR / ASSOCIATE PROFESSOR / LADY MEDICAL OFFICER / SENIOR RESIDENT / JUNIOR RESIDENT

2) Department Applied : _____

1	Name of the Candidate <i>(In Capital Letters)</i>		Affix your recent passport size photo	
2	Father's Name			
3	Address for communication			
4	Mobile No.:	Aadhar No:		
5	Phone No.(R):	E.Mail:		
6	Application Fee: Rs. _____, DD No. _____, Date: _____ Bank: _____			
7	Details of Photo Copies Enclosed- put a tick (<input checked="" type="checkbox"/>) Mark:			
	a) Aadhar Card	<input type="checkbox"/>	h) NOC (If working in Govt. Autonomous Institution)	<input type="checkbox"/>
	b) SSLC Marks Card	<input type="checkbox"/>	i) KMC Registration Certificate	<input type="checkbox"/>
	c) MBBS Marks Card	<input type="checkbox"/>	j) Experience Certificates	<input type="checkbox"/>
	d) MBBS Degree Certificate	<input type="checkbox"/>	k) Past Relieving Orders	<input type="checkbox"/>
	e) PG Degree Certificate (MD/MS/Diploma/DNB)	<input type="checkbox"/>	l) Category/Caste Certificate with date of issue	<input type="checkbox"/>
	f) P.G. Marks Card (if awarded)	<input type="checkbox"/>	m) Hyderabad Karnataka Certificate	<input type="checkbox"/>
	g) P.G. cum Resident Certificate	<input type="checkbox"/>		<input type="checkbox"/>
8	Applicants Category			
9	Date of Birth and Age (As per SSLC Marks Card)			
10	MBBS (Year of Passing)	I Year to final year	Max. Marks	Marks Secured
		I-MBBS		
		II-MBBS		
		III-MBBS-Part-I		
		III-MBBS-Part-II		
		Total Marks		
		Overall Percentage		

11	PG Qualification (MD/MS/Diploma/ DNB)	Subject	Max. Marks	Marks Secured	Percentage
12	Teaching Experience (do not enter Post Graduation period)				
	Designation	College/ University	From	To	Total Experience
	Senior Resident				
	Assistant Professor				
	Associate Professor				
	Professor				
13	Paper Presentation in National/ International Conferences	1)			
		2)			
		3)			
		4)			
14	Paper Publications National / International	1)			
		2)			
		3)			

		4)
15	WHO Fellowship in same subject / University Gold Medal	
16	Whether appeared for MCI inspection after 01.03.2018 onwards	YES / NO

DECLARATION:

I hereby declare that all the statements/ contents/ particulars in this application form given by me are absolutely correct, true and authentic. In the event, the above said details turn out to be incorrect or false, the undersigned is liable for the necessary disciplinary action, including termination of the appointment, if selected for the post

Date:

Signature of the Candidate

Place:

For Office Use only:

Remarks:

Name & Signature of
Verification Officer 1:
Designation :

Name & Signature of
Verification Officer 2:
Designation: