



ಕರ್ನಾಟಕ ಸರ್ಕಾರ / Government of Karnataka



ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI**

(An Autonomous Institution of Government of Karnataka. Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru.  
Recognized by Medical Council of India, New Delhi.)

Vidyanagar, Hubballi - 580021, Dharwad Dist. Karnataka State, India. Website: [www.kimshuballi.org](http://www.kimshuballi.org)

Principal Office: 0836-2374624 Fax: 0836-2278097 Email ID: [principalkimshubli@gmail.com](mailto:principalkimshubli@gmail.com)

No:KIMS/PGS/Fellow/167 /2023-24

Date: 01/08/2023

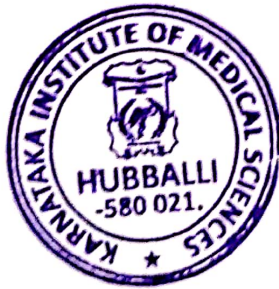
### NOTIFICATION

Applications are invited from NMC/MCI/recognized MD/MD/DNB/MCh/Diploma Qualified Candidates for Fellowship Programmes in various subjects at KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI for the academic year 2023-24.

The Last Date for submission of Application is 10-08-2023 along with Application fee of Rs.4000-00 [ for each subject] made on Online payment to the following Account Director, Karnataka Institute of Medical Sciences, Hubballi. Account No:12412200036387 ISFC Code: CNRB0011241, CANARA BANK Kims Branch, Hubballi and Online payment Receipt enclosed along with Application form.

The Objective type {MCQ} Entrance examination will be conducted on 17 -08-2023 at KIMS, Examination Hall, First Floor, Administrative Block from 10.00 am to 11.00 am.

1	Detils, duration and intake of the course	Sl.No	Subject	Durations in months	Number of admissions
		1	Dermato Surgery	18	02 seats
		2	Surgical Oncology	18	02 seats



Director,  
Karnataka Institute of Medical Sciences,  
Hubballi





ಕರ್ನಾಟಕ ಸರ್ಕಾರ / Government of Karnataka



ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI**

(An Autonomous Institution of Government of Karnataka. Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru.  
Recognized by Medical Council of India, New Delhi.)

Vidyanagar, Hubballi - 580021, Dharwad Dist. Karnataka State, India. Website: [www.kimshubballi.org](http://www.kimshubballi.org)

Principal Office: 0836-2374624 Fax: 0836-2278097 Email ID: [principalkimshubli@gmail.com](mailto:principalkimshubli@gmail.com)

**APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC YEAR 2023-24**

PHOTO

SL NO	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY
1	NAME OF THE CANDIDATE	
2	FATHER'S NAME	
3	MOTHER'S NAME	
4	SPOUSE' NAME	
5	DATE OF BIRTH WITH AGE	
6	RELIGION	
7	CASTE	
8	UB-CASTE	
9	RESERVATON IF ANY	
10	PERMANENT ADDRESS	
11	CORRESPONDANCE ADDRESS	
12	LANDLINE NO:	
13	MOBILE NO:	
14	EMAIL. ID	
15	AADHAR NO	
16	PAN NO	



ಕರ್ನಾಟಕ ಸರ್ಕಾರ / Government of Karnataka



ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಹುಬ್ಬಳ್ಳಿ

**KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI**

(An Autonomous Institution of Government of Karnataka. Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru.  
Recognized by Medical Council of India, New Delhi.)

Vidyanagar, Hubballi - 580021, Dharwad Dist. Karnataka State, India. Website: [www.kimshubballi.org](http://www.kimshubballi.org)

Principal Office: 0836-2374624 Fax: 0836-2278097 Email ID: [principalkimshubli@gmail.com](mailto:principalkimshubli@gmail.com)

-2-

17	BANK ACCOUNT NUMBER				
18	NAME OF THE BANK				
19	BRANCH NAME				
20	ISF CODE				
21	<b>DEGREE</b>	<b>COLLEGE</b>	<b>UNIVERSITY</b>	<b>PERCENTAGE</b>	<b>RESULT</b>
	MBBS				
	PG. DIPLOMA				
	PG. DEGREE				
	SUPER SPECIALTY				
22	EXPERIENCE AFTER POST GRADUATION [ IN YEARS]				
	DISIPLINE / SUBJECT				
23	FELLOWSHIP PROGRAMME APPLIED				
24	QUOTA		GENERAL / IN-SERVICE		
25	INSTITUTION LAST STUDIED				
26	DETAILS OF DEMAND DRAFT [RS.4000/-] IN FAVOUR OF DIRECTOR CUM DEAN, KIMS , HUBBALLI.				
	<b>NAME OF THE BANK</b>	<b>BRANCH NAME</b>	<b>DD NUMBER</b>	<b>DATE</b>	

### DECLARATION

I Dr. \_\_\_\_\_ S/o, D/o \_\_\_\_\_

Declare that the information furnished above is correct to the best of my knowledge and belief and also declare that is the only fellowship course I have pplied and have not pursued any fellowship course prior to this from Rajiv Gandhi University of Health Sciences, Karnataka.

Date: \_\_\_\_\_

Signature of the Cadidate

Candidates should submit two sets of self attested Photo copies along with the application and submit all the original documents for verifcatyion of the day of interview.

In service candidates from helath and family welfare should submit the application through proper chanel along with a No objection certificate issued from Commissioner, Health and family welfare.