**APPLICATION FORM**

|  |
| --- |
| Affix Recent Passport size Photograph |

To,
 The Director,

Karnataka Institute of Medical Sciences,

Hubli-580 021.

State: Karnataka**.**

Sir,

 Sub: Application for the backlog post of……………………Dept. of ……..

 Ref: Your Notification No.KIMS/ / /2023-24, Dated: - 08-2023.

**\* \* \***

 With reference to the above, I the undersigned applying for the post of …………………………Dept. of …………………………. And furnishing the following particulars for kind consideration.

 **Resume**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name (In capital letters) | : |  |
| 2 | Date of Birth & Age | : | Day | Month | Year | Age |
|  |  |  |  |
| 3 | Qualification  | : |  |
| 4 | Present Address with Pin code.& Contact No. | : |  |
| 5 | Permanent Address with Pin code.& Contact No. | : |  |
| 6 | Experience  | : |  |
| 7 | **Enclosures (Attested Xerox copy)** |  | **Enclosed Documents (Tick √ mark)** |
|  | 1. S.S.L.C . Certificate/Marks Card
 |  |  |
|  | 1. PUC Certificate/Marks Card
 |  |  |
|  | 1. MBBS Marks Card
 |  |  |
|  | 1. KMC / Medical Council registration certificate
 |  |  |
|  | 1. MD / MS / Mch Certificate
 |  |  |
|  | 1. Any Academic achievement (Gold Medal).
 |  |  |
|  | 1. Experience Certificate
 |  |  |
|  | 1. Research publications (State/National/International)
 |  |  |
|  | 1. Any Other Certificates

(caste, physical handicap, Ex-serviceman, rural, and Kannada medium certificates etc.) |  |  |

 Place:

 Date **: Signature of the Candidate**