



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

Principal Office: 0836-2374624 Fax: 0836-2278097 Email ID: principalkimshubli@gmail.com

No:KIMS/PGS/Fellow/2022-23

Date: 17-10-2022

REVISED - NOTIFICATION

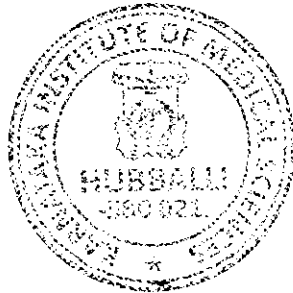
Revised RGUHS Notification Application are invited from NMC/MCI Recognized MS/MD/DNB/MCh/Diploma Qualified candidates for Fellowship Programmes in

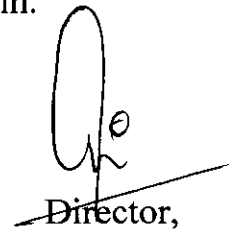
- 1] Fellowship in Head and Neck Cancer Surgery- with 02 seats.
- 2] Fellowship in Gynaecological Endoscopy- with 02 seats.
- 3] Fellowship in High Risk Pregnancy -with 02 seats

at Karnataka Institute of Medical Sciences, Vidyanagar, Hubballi for the academic year 2022-23.

The Last date for submission of application is 19-10-2022 along with DD [infavour of the Director, KIMS, Hubballi] Application fee of rs.4000-00 for each subject and enclose DD along-with Application form.

The interview will be held in the Chamber of Director, KIMS, Hubballi [New Administrative Block] on: 20-10--2022 at 11.00 am onwards. For further information vist the institution"s website <https://hubballikims.karnataka.gov.in>.





Director,
Karnataka Institute of Medical Sciences,
Hubballi.

NOTE: Stipend of Fellowship Courses will be subjected to the discretion of the government.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ

4ನೇ 'ಬಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

4th 'T' Block, Jayanagar, Bengaluru - 560 041

Phone : 080-26961934, 080 - 2696 1935, Fax : 080 - 2696 1929

Website : www.rguhs.ac.in, E-mail : registrar@rguhs.ac.in

RGU/ACA/AFF/FP/Fresh/2022-23

01.10.2022

Ref. :

Date :

NOTIFICATION

Sub: Fresh affiliation for Fellowship Courses for the academic year 2022-23

- Ref:** 1. Your institute application for fresh affiliation for the year 2022-23
2. Recommendations of the Dean of Faculty of Medicine dt.01.10.22
3. Approval of Hon'ble Vice-Chancellor dt.01.10.22

Pursuant to the approval of Hon'ble Vice-Chancellor, permission is accorded for fresh affiliation for the course/s mentioned below for the academic year 2022-23 at following college/institute:


College/Institute: Karnataka Institute of Medical Sciences, Hubli

Fellowship Course:	Affiliation Type	Intake	Duration of the Course
GYNAECOLOGICAL ENDOSCOPY	Fresh Aff	02 Seats	18 Months
HEAD & NECK CANCER SUGERY	Fresh Aff	02 Seats	18 Months
HIGH RISK PREGNANCY	Fresh Aff	02 Seats	18 Months

The last date for admission, payment of admission fee and submission of admission statement for the year 2022-23, by the above institution to the University is 21.10.2022.

By Order,

To
The Dean/Director/Principal of
Concerned Institute


17-10-22


REGISTRAR

Copy to:

1. PA to Vice-Chancellor/Registrar/Reg(Eva)/Finance Officer, RGUHS, Bangalore
2. Office Copy



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APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC YEAR 2022-23

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	



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17	BANK ACCOUNT NUMBER				
18	NAME OF THE BANK				
19	BRANCH NAME				
20	ISF CODE				
21	DEGREE	COLLEGE	UNIVERSITY	PERCENTAGE	RESULT
	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.				
	NAME OF THE BANK	BRANCH NAME	DD NUMBER	DATE	

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 verifaciyon 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.