



Government of Karnataka
DIRECTORATE OF MEDICAL EDUCATION

Ananda Rao Circle, Bangalore-9, Email: dmekarnataka@yahoo.com.

APPLICATION FORM FOR THE POST OF DIRECTOR

Of _____ Institute of Medical Sciences

Affix
Passport size
Photograph

(Please fill SI No. 1 to 4 in Capital Letters Only)

1.	Name of the Applicant					
2.	Name of the Father/Mother/Spouse					
3.	a. Permanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E-Mail ID					
4.	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5.	QUALIFICATION (Enclose Relevant Documents)					
	Qualification	Marks / Grade	Percentage	Name of the college	University	Year of Passing
a.	M.B.B.S.					
b.	M.D./M.S. ()					
c.	M.ch/DM ()					
d.	Any other equivalent or additional qualification					
6.	Particulars of registration with State Medical Council (Enclose Relevant Documents)					

