



Government of Karnataka

GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

Mulagund Road, Mallasamudra, Gadag – 582103

(An Autonomous Medical Institution)

Phone : 08372-297224,

E-mail : gimsgadag@gmail.com

Web site : www.gimsgadag.org

Walk in Interview Notification No. **GIMS/G/DRC/TF/07/2016-17**

Date: 16-12-2016

Walk in Interview on: **29-12-2016**

Recent
Passport size
Photo

APPLICATION FOR THE POST OF PROFESSOR / ASSOCIATE PROFESSOR / ASSISTANT PROFESSOR

Specify the Post for which Applied : _____

(Fill in BLOCK LETTERS)

1	Name of Candidate :	
2	Subject :	
3	Sex :	
4	Category- SC/ST,Cat-I/IIA/IIB/IIIA/IIIB/GM/ HK-371(J) (Specify Reservation & attach Category Certificate)	
5	Nationality :	
6	Postal address for correspondence :	
7	Mobile No.	
8	E-mail ID	
9	Name of Father : Mother : Husband :	

10	Date of Birth as recorded in the SSLC Marks Card :	
11	Studied in Kannada as 1 st / 2 nd Language till SSLC	
12	Particulars of registration No. with State Medical Council to be furnished :	
13	Qualification prescribed for the post as per MCI :	

14. Qualification Details:

Sl. No.	Qualification	Marks / Grade Etc., Aggregate of all years			Name of the college & University	Year of Passing	Whether Recognized by MCI
		Max. Marks	Marks Obtained	%			
1	MBBS						
2	PG						
3	DIPLOMA						
4	Higher qualification if any						

15. Teaching Experience Details:

Sl. No.	Designation	Name of Institution / University	Period (DD/MM/YY)		Total Experience in years & months
			From	To	
1	Tutor / Demonstrator				
2	Registrar / Senior Resident / Resident				
3	Lecturer/ Assistant Professor				
4	Associate Professor				
5	Professor				

16	Present Employment (if any)	YES / NO (If YES then submit the NOC)
	NOC obtained from the Head of the Institute	YES / NO

		National	International
17	Scientific papers presented in the last three years (Xerox copies of certificates to be enclosed)	Nos. :	Nos. :
18	Research papers published in indexed Journals (Xerox copies to be enclosed)	Nos. :	Nos. :
19	WHO fellowship in the same subject	YES / NO (if YES enclose the copy of certificate)	
20	University Gold Medal (if any)	YES / NO (if YES enclose the copy of certificate)	
21	Any other information		
22	DD Details (Rs. 500/-, drawn in favor of ' DIRECTOR, GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG ' payable at GADAG)	DD No. : Date : Bank Name :	

- I understand that my appointment is provisional in nature and subject to the approval given by Medical Council of India for the year 2016-17. If, for any reason Medical Council of India does not grant permission, I shall not claim any appointment / compensation.
- I hereby declare that I have not appeared for MCI inspection of any other Medical College on or before _____ and I declare that I do not own a Nursing Home / Clinic.
- I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted also certify that there are no criminal cases against me. I have not been debarred from exams / dismissed from service / black listed by MCI /KMC/DCI. If I am found to have concealed / distorted / factually submitted wrong information, my appointment shall be liable to termination without notice / compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place : **GADAG**

Date :

Signature of the Candidate

Note :

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose two sets of Xerox copies of Certificates as mentioned in the application.



Government of Karnataka

GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

Mulagund Road, Mallasamudra, Gadag – 582103
(An Autonomous Medical Institution)

Phone : 08372-297224,

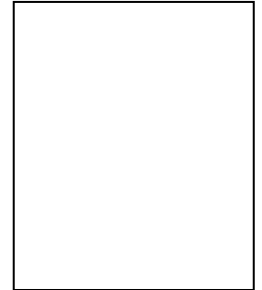
E-mail : gimsgadag@gmail.com

Web site : www.gimsgadag.org

Walk in Interview Notification No. **GIMS/G/DRC/TF/06/2016-17**

Date: **16-09-2016**

Walk in Interview on: **29-12-2016**



APPLICATION FOR THE POST OF SENIOR RESIDENT

(Fill in BLOCK LETTERS)

1	Name of Candidate :	
2	Subject :	
3	Sex :	
4	Category : SC/ST, Cat-I/IIA/IIB/IIIA/IIIB/GM/ HK-371(J) (Specify Reservation & attach Category Certificate)	
5	Nationality :	
6	Postal address for correspondence :	
7	Mobile No.	
8	E-mail ID	
9	Name of Father : Mother : Husband :	
10	Date of Birth as recorded in the SSLC Marks Card.	

11	Studied in Kannada as 1 st / 2 nd Language till SSLC	
12	Particulars of registration No. with State Medical Council to be furnished	
13	Qualification prescribed for the post as per MCI	

14. Qualification Details :

12	Qualification	Marks / Grade Etc., Aggregate of all years			Name of the college & University & Year of Passing	No. of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	85 %			
1	MBBS						
2	PG						
3	Diploma						
4	Any other Qualification						

15. Teaching Experience Details :

Sl. No.	Designation	Name of Institution / University	Period (DD/MM/YY)		Total Experience in years & months
			From	To	
1	Tutor / Demonstrator				
2	Registrar / Senior Resident / Resident				
3					

16	Present Employment (if any)	YES / NO <i>(If YES then submit the NOC)</i>
	<i>NOC obtained from the Head of the Institute</i>	YES / NO

		National	International
17	Scientific papers presented in the last three years (Xerox copies of certificates to be enclosed)	Nos. :	Nos. :
18	Research papers published (Xerox copies to be enclosed)	Nos. :	Nos. :
19	WHO fellowship in the same subject	YES / NO (if YES enclose the copy of certificate)	
20	University Gold Medal (if any)	YES / NO (if YES enclose the copy of certificate)	
21	Any other information		
22	DD Details (Rs. 500/-, drawn in favor of ' DIRECTOR, GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG ' payable at GADAG)	DD No. : Date : Bank Name :	

- I understand that my appointment is provisional in nature and subject to the approval given by Medical Council of India for the year 2016-17. If, for any reason Medical Council of India does not grant permission, I shall not claim any appointment / compensation.
- I hereby declare that I have not appeared for MCI inspection of any other Medical College on or before _____ and I declare that I do not own a Nursing Home / Clinic.
- I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted also certify that there are no criminal cases against me. I have not been debarred from exams / dismissed from service / black listed by MCI /KMC/DCI. If I am found to have concealed / distorted / factually submitted wrong information, my appointment shall be liable to termination without notice / compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place : **GADAG**

Date :

Signature of the Candidate

Note :

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose two sets of Xerox copies of Certificates as mentioned in the application.



Government of Karnataka

GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

Mulagund Road, Mallasamudra, Gadag – 582103
(Autonomous Medical Institution)

Phone : 08372-297224,

E-mail : gimsgadag@gmail.com

Web site : www.gimsgadag.org

Walk in Interview Notification No. **GIMS/G/DRC/TF/06/2016-17**

Date: **16-09-2016**

Walk in Interview on: **29-12-2016**

Recent
Passport size
Photo

APPLICATION FOR THE POST OF JUNIOR RESIDENT / TUTOR ON CONSOLIDATED SALARY

Specify the Post & Subject for which Applied : _____

(Fill in BLOCK LETTERS)

1	Name of Candidate	
2	Subject	
3	Sex	
4	Category- SC/ST,Cat-I/IIA/IIB/IIIA/IIIB/GM/ HK-371(J) (Specify Reservation & attach Category Certificate)	
5	Nationality	
6	Postal address for correspondence :	
7	Mobile No.	
8	E-mail ID	

9	Name of Father : Mother : Husband :	
10	Date of Birth as recorded in the SSLC Marks Card.	
11	Studied in Kannada as 1 st / 2 nd Language till SSLC	
12	Particulars of registration No. with State Medical Council to be furnished	
13	Qualification prescribed for the post as per MCI	

14. Qualification Details :

Sl. No.	Qualification	Marks / Grade Etc., Aggregate of all years			Name of the college & University & Year of Passing	No. of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	85%			
1	MBBS						
2	Any other Qualification						

15. Teaching Experience Details :

	Designation	Name of Institution / University	Period (DD/MM/YY)		Total Experience in years & months
			From	To	
1	Tutor / Demonstrator				

		National	International
16	Scientific papers presented in the last three years (Xerox copies of certificates to be enclosed)	Nos. :	Nos. :
17	Research papers published (Xerox copies to be enclosed)	Nos. :	Nos. :
18	University Gold Medal (if any)	YES / NO (if YES enclose the copy of certificate)	
19	Any other information		

20	DD Details (Rs. 500/-, drawn in favor of 'DIRECTOR, GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG' payable at GADAG)	DD No. : Date : Bank Name :
----	---	---

- I understand that my appointment is provisional in nature and subject to the approval given by Medical Council of India for the year 2016-17. If, for any reason Medical Council of India does not grant permission, I shall not claim any appointment / compensation.
- I hereby declare that I have not appeared for MCI inspection of any other Medical College on or before _____ and I declare that I do not own a Nursing Home / Clinic.
- I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted also certify that there are no criminal cases against me. I have not been debarred from exams / dismissed from service / black listed by MCI /KMC/DCI. If I am found to have concealed / distorted / factually submitted wrong information, my appointment shall be liable to termination without notice / compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place : **GADAG**
 Date :

Signature of the Candidate

Note :

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose two sets of Zerox copies of Certificates as mentioned in the application.