



Government of Karnataka

# GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

Mallasamudra, Gadag – 582103

E-mail : [gimsgadag@gmail.com](mailto:gimsgadag@gmail.com)

Web site : [www.karnataka.gov.in/gimsgadag](http://www.karnataka.gov.in/gimsgadag)

No. GIMS/G/DRC/TF/13/2018-19

Date:18.02.2019

## INTERVIEW NOTIFICATION

Applications are invited for the following posts at *Gadag Institute of Medical Sciences, Gadag*. Eligible candidates are hereby informed to submit their application form along with relevant documents to “*The Director, Gadag Institute of Medical Sciences, Mallasamudra, Gadag-582103.*” The applications should reach the office of the Director, GIMS, Gadag on or before **26.02.2019, 4.00 PM** either by post or by hand. The details are in the college website [www.karnataka.gov.in/gimsgadag](http://www.karnataka.gov.in/gimsgadag). The interview will be held on **28.02.2019, 9.00AM** in Director’s chamber GIMS, Gadag.

| Sl. N | Designation         | No of Posts | Department   | Category   |
|-------|---------------------|-------------|--|--|
| 1     | Professor           | 05          | Anesthesia -1, Radiology-1, TB & Chest -1, ENT -1, Ophthalmology-1,  | STG, CAT1G, 2AG, 2BG, GMR                          |
| 2     | Associate Professor | 05          | Medicine-1, Anesthesia -2, Orthopedics-1, OBG-1  | 2AG, 2AW, 3AG, 3B-G, HK-STG,                       |
| 3     | Assistant Professor | 08          | Medicine-3, Anesthesia -3, Paediatrics-1, Orthopedics-1  | CAT1W, 2BW, GMW, CAT1R, GMR, SCEX, GMEX, HK-CAT 1G |
| 4     | Senior Resident     | 16          | Medicine-4, Surgery-3, OBG-1, Orthopedics-2, Anesthesia -1, Radiology-2, Skin-1, Paediatrics - 2   | CONTRACT BASIS                                     |
| 6     | Junior Resident     | 41          | Ophthalmology-2, ENT-2, Medicine-7, Surgery-6, OBG-3, Paediatrics-5, Orthopedics-6, Anesthesia -5, Psychiatry-2, skin - 2, TB& Chest - 1 | CONTRACT BASIS                                     |
| 7     | Tutor               | 03          | Forensic Medicine-3  | CONTRACT BASIS                                     |
|       | <b>Total</b>        | <b>78</b>   |  |  |

1. Application along with Rs. 500/- DD, drawn in favour of Director, GIMS, Gadag to be submitted to Director’s Office on OR before 26.02.2019, 4.00 PM in person / by post along with the application.
2. Minimum qualification and experience as per MCI Norms. The candidates holding degree not recognized by MCI need not apply.
3. Reservation for post as per Govt. of Karnataka norms.
4. Pay and Allowances as applicable.
5. Candidates who have already appeared for MCI inspection in current academic year (2019-20) will not be considered for selection.
6. Selection committee is the final authority in selecting the candidates and modifying the number of vacancies.
7. Candidates working in government sector/Government Medical college **MUST** produce “**NO OBJECTION CERTIFICATE**” from the Head of the Institution/ Competent authority in which candidate is presently working at the time of Interview otherwise the application will not be considered.
8. Candidates should carry valid caste / income certificate and other relevant original documents issued by Competent authority at the time of interview.
9. Candidates are not entitled to avail TA,DA or any other allowances.

Sd/-  
Chief Administrative Officer  
Gadag Institute of Medical Sciences,  
Gadag.



**Government of Karnataka**

# **GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG**

Mulgund Road, Mallasamudra, Gadag – 582103

(An Autonomous Medical Institution)

Phone : 08372-297224 E-mail : [gimsgadag@gmail.com](mailto:gimsgadag@gmail.com)  
[www.karnataka.gov.in/gimsgadag](http://www.karnataka.gov.in/gimsgadag)

Web site :

Interview Notification No: GIMS/G/DRC/TF/13/2018-19

Date: 28-2-2019

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Passport size  
Photo

**(To be filled by the Candidates)**

APPLICATION FOR THE POST OF \_\_\_\_\_ IN  
\_\_\_\_\_ DEPARTMENT.

**(Fill in BLOCK LETTERS)**

|    |  |  |
|----|--|--|
| 1  | Name of Candidate :  |  |
| 2  | Subject :  |  |
| 3  | Qualification:   |  |
| 4  | Sex :  |  |
| 5  | Nationality :  |  |
| 6  | Category- SC/ST, Cat-I/IIA/IIB/IIIA/IIIB/GM/ (Specify Reservation & attach Category Certificate) |  |
| 7  | HK-371(J) Reservation (Yes/No) (Enclose the Relevant Certificate)                                |  |
| 8  | Rural Reservation: (Yes/No)  |  |
| 9  | Physically Challenged: (Yes/No)  |  |
| 10 | Postal address for correspondence :  |  |
| 11 | Mobile No.   |  |
| 12 | E-mail ID  |  |
| 13 | Name of Father :<br>Mother :<br>Spouse :   |  |

|    |  |  |
|----|--|--|
| 14 | Date of Birth as recorded in the SSLC Marks Card/ Birth Certificate and Age:   |  |
| 15 | Whether Studied in Kannada as 1 <sup>st</sup> / 2 <sup>nd</sup> Language till SSLC (Yes/No)  |  |
| 16 | Particulars of valid registration No. with State Medical Council to be furnished :   |  |
| 17 | Current working designation and Institute (If any) (attach certificate)  |  |
| 18 | Whether attended the MCI Inspection for the academic year 2019-20: (Yes/No)<br>If yes Name of the institution and date of the inspection |  |
| 19 | NOC submitted from the previous Govt. Dept/institute (Yes/No/Not Applicable)   |  |

### 20. Qualification Details:

| Sl. No. | Qualification               | Marks / Grade Etc.,<br>Aggregate of all years |                |   | Name of the college & University | Year of Passing | Whether Recognized by MCI | Date of registration with state medical council |
|---------|-----------------------------|---|----------------|---|----------------------------------|-----------------|---------------------------|---|
|         |                             | Max. Marks                                    | Marks Obtained | % |                                  |                 |                           |   |
| 1       | MBBS                        |   |                |   |                                  |                 |                           |   |
| 2       | PG                          |   |                |   |                                  |                 |                           |   |
| 3       | DIPLOMA                     |   |                |   |                                  |                 |                           |   |
| 4       | Higher qualification if any |   |                |   |                                  |                 |                           |   |

### 21. Teaching Experience Details:

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

|    |   |   |                         |
|----|---|---|-------------------------|
| 22 | Scientific papers (Oral/Poster) presented in the state/National/International and higher level professional association conferences (Xerox copies of certificates to be enclosed) | Nos. :  |                         |
| 23 | Research papers published (As per MCI Guidelines) (Xerox copies of first page of article to be enclosed along with Indexing agency)   | State/National:<br>Nos. :                         | International<br>Nos. : |
| 24 | WHO fellowship in the same subject  | YES / NO (if YES enclose the copy of certificate) |                         |
| 25 | University Gold Medal (if any)  | YES / NO (if YES enclose the copy of certificate) |                         |
| 26 | Any other information   |   |                         |
| 27 | DD Details<br>(Rs. 500/-, drawn in favor of ' <b>DIRECTOR, GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG</b> ' 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 2019-20. 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 UG/PG MCI inspection of any Medical College for the academic year 2019-20.
- I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted. I 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

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**Note :**

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose one set of relevant Xerox copies of Certificates.