



GOVERNMENT OF KARNATAKA

**MANDYA INSTITUTE OF MEDICAL SCIENCES**

MANDYA -571 401

(Autonomous Medical Institution, Government of Karnataka)

Director : 08232-222086

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**MANDYA INSTITUTE OF MEDICAL SCIENCES, MANDYA**

**APPLICATION FORM FOR THE POST OF DIRECTOR**

Date:.....

(Please fill Sl. No. 1 to 4 in Capital Letters only)						
1	<b>Name of the Applicant</b>				Affix Recent Passport size Photograph	
2	<b>Name of the Father/Mother/ Spouse</b>					
3.	<b>a. Permanent Address</b>					
	<b>b. Postal Address for correspondence</b>					
	<b>c. Mobile Number</b>					
	<b>d. E-Mail ID</b>					
	<b>e. Date of Appointment in the Institution (Post/Date)</b>					
	<b>f. Date of appointment to present post (Post/Date)</b>					
<b>g. Date of declaration of probation and the designation. (Certificate to be attached )</b>						
4.	<b>a. Date of Birth &amp; Age (as recorded in SSLC Certificate)</b>					
	<b>b. Nationality</b>					
	<b>c. Religion</b>					
	<b>d. Caste &amp; Category</b>					
5.	<b>Qualification (Enclose Relevant Document)</b>					
a.	<b>Qualification</b>	<b>Marks /Grade</b>	<b>Percentage</b>	<b>Name of the College</b>	<b>University</b>	<b>Year of Passing</b>
b.	MBBS					
c.	M.D./M.S.					
d.	Any other equivalent or additional qualification					

6.	Particulars of registration with State Medical Council (Enclosed Relevant Document)					
7.	Teaching Experience (Enclosed Relevant Document)					
	<b>Designation</b>	<b>Period</b>		<b>Total No. of Years</b>	<b>Name of the college</b>	<b>Name of the University</b>
		<b>From</b>	<b>To</b>			
a.	Tutor/ Junior Resident					
b.	Senior Resident					
c.	Assistant Professor					
d.	Associate Professor					
e.	Professor					
f.	Professor & Head					
8.	Present place of working & Designation					
9.	No. of years of administrative experience (supportive document to be attached )					
10.	Publication: (Publication to be attached)					
	National Journals:					
	International Journals:					
11.	Total years of experience as Associate Professor/Professor					
12.	Extracurricular activities : Sports/Cultural Medicals at University/State /national					
13.	Experiences as (document to be attached )			<b>From</b>	<b>To</b>	<b>Total</b>
	a) Dean/Director					
	b) Professor/					
	c) Professor & HOD					
	d) Principal					
	e) Medical Superintendent of Teaching Hospital					
	f) Joint Director (Medical Education)					
	g) Deputy director (Medical Education)					
14.	DD Amount, Name of the Bank, DD No					

**Note :** Candidate should enclosed relevant supporting documents on all the above aspects Incomplete applications are liable to be rejected.

### DECLARATION

I hereby solemnly affirm that the statement made, information furnished by me in the application form and also in the enclosure (s) submitted by me are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous service, I have not been subjected to the Departmental Enquiry and Punished or convicted under any criminal case. If any information furnished there in is found to be fraudulent, incorrect or untrue, I am liable for criminal prosecution and cancellation of my appointment. I agree to abide by the Rules & Regulations prescribed by the Government, and bye-laws of Mandya Institute of Medical Sciences, Mandya.

Date:

Signature of candidate