



ಮಂಡ್ಯ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಮಂಡ್ಯ

ಮಂಡ್ಯ -571401

**MANDYA INSTITUTE OF MEDICAL SCIENCES**

MANDYA -571 401

**(Autonomous Medical Institution, Government of Karnataka)**

Phone &amp; Fax : 08232-231001

Director : 08232-222086

CAO : 08232-231197

FA : 08232-401198

E.Mail Address:

[mimsmandya@gmail.com](mailto:mimsmandya@gmail.com)**APPLICATION FORM**

POST APPLIED FOR : \_\_\_\_\_

DEPARTMENT : \_\_\_\_\_

1	Name of the Candidate (In Capital Letters)				Affix your recent passport size photo	
2	Father's Name					
3	Address for communication					
4	Mobile No.:					
5	Phone No.(R):	E.Mail:				
6	Details of Photo Copies Produced - put a tick ( ✓ ) Mark:					
	a) SSLC Marks Card		g) NOC (If working in Govt. Autonomous Institution)			
	b) MBBS Marks Card		h) KMC Registration Certificate			
	c) MBBS Degree Certificate		i) Category/Caste Certificate with date of issue			
	d) Degree Certificate(MD/MS/Diploma)		j) Experience Certificate			
	e) P.G. Marks Card (if awarded)		k) Past Relieving Orders			
	f) P.G. cum Resident Certificate		l) Hyderabad Karnataka Certificate			
7	Category (please tick)	GM / SC / ST / OBC / Ct-1 / 2A / 2B / 3A / 3B / HKQ ( )				
	Subcategory	Others / Rural / Female / PH / Ex-Servicemen				
8	Date of Birth and Age (As per SSLC Marks Card)					
9	MBBS (Year of Passing)	I Year to final year	Max. Marks	Marks Secured		
		I-MBBS				
		II-MBBS				
		III-MBBS-Part-I				
		III-MBBS-Part-II				
		Total Marks				
		Overall Percentage				
		For 85%				
10	PG Qualification	Subject	Max. Marks	Marks Secured	Percentage	Prorata of 85%

11	<b>Teaching Experience (do not enter Post Graduation period)</b>				
	<b>Designation</b>	<b>College/ University</b>	<b>From</b>	<b>To</b>	<b>Total Experience</b>
	Assistant Professor				
	Associate Professor				
	Professor				
12	<b>Paper Presentation in National/International Conferences</b>	1)			
		2)			
		3)			
		4)			
13	<b>Paper Publications</b>	1)			
		2)			
		3)			
		4)			
14	<b>Achievements in Sports</b>				
15	<b>Gold Medals in UG/PG</b>				
16	<b>Whether appeared for MCI inspection after 01.03.2015 onwards</b>	<b>YES / NO</b>			

**DECLARATION:**

I hereby declare that all the statements/ contents/ particulars in this application form given by me are absolutely correct, true and authentic. In the event, the above said details turn out to be incorrect or false, the undersigned is liable for the necessary disciplinary action, including termination of the appointment, if selected for the post

Signature of the Candidate

For Office Use only:

Remarks:

Verified By:

Signature:

Name:

Designation: