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KUVEMPU UNIVERSITY

Office of the University, Jnanasahyadri, Shankaraghatta – 577 451

HUMAN RESOURCE AND MANAGEMENT SECTION

No:KU:HRM-7: :2019-20

date:21-12-2019

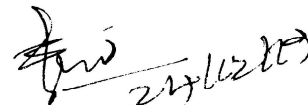
NOTIFICATION

Applications are invited for the post of Medical Officer to work at Kuvempu University Campus, Jnanasahyadri, Shankaraghatta on a contract salary basis. Interested candidates may submit their applications along with the certified copies. (Marks Cards, Degree Certificate, KMC Registration Certificate and Experience) to the Registrar, Kuvempu University, Jnanasahyadri, Shankaraghatta – 577451, Shivamogga District, on or before 16-01-2020. No. TA/DA will be paid for attending the interview / reporting to duty. Application format may be downloaded from the University website www.kuvempu.ac.in. For further details / clarifications, if any the applicants may contact 08282-257424 during office hours.

| Sl. No. | Name of the Post | Qualification | Salary |
|---------|----------------------|------------------------|--|
| 1 | Medical Officer - 01 | MBBS / M.D/ MS Degree. | Rs. 52640 + admissible DA + Rs. 13000 rural allowance + Free Accommodation facility in the campus. |

Eligibility:

1. The candidate should have three year experience of registered medical practice.
2. It is purely on contract basis and may be continued if required.
3. Age limit – as per the Government norms.


REGISTRAR
Registrar
Kuvempu University
Jnanasahyadri,
SHANKARAGHATTA-577 451
Shivamogga District


KUVEMPU UNIVERSITY

APPLICATION FORM

Application for Medical Officer

Recent
passport size
photo

| | | | |
|--|------|----|----|
| Name of the Candidate | | | |
| Date of Birth | | | |
| Permanent address | | | |
| Telephone / Cell No/ E-mail ID | | | |
| Nationality | | | |
| Religion/ Caste | | | |
| Marital Status | | | |
| Educational Qualification (enclose copies of the documents) | MBBS | MD | MS |
| | | | |
| Specialization (certificate to be enclosed) | | | |
| KMC Registration No. | | | |
| Experience (enclose necessary documents) | | | |
| Specify, if any other details | | | |

This is to certify that the above information furnished by me is true to the best of my knowledge and belief.

Place:

Signature of the Applicant

Date:


Registrar
Kuvempu university
Jnana Sahyadri,
SHANKARGHATTA-577 451
Shimoga District