

GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG

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

Phone	: 08372-297224 E-mail : gimsgadag@gmail.com Web s	ite: <u>www.karanataka.gov.in/gimsgad</u> a
Interv	iew Notification No:GIMS/G/DRC/TF/20/2020-21 Date:	
in _	(To be filled by the Candidat LICATION FOR THE POST OF	Passport size Photo
1	Name of Candidate:	
2	Subject:	
3	Qualification:	
. 4	Gender:	
5	Nationality:	
6	Category- SC/ST, Cat-I/IIA/IIB/IIIA/IIIB/GM	
7	HK-371(J) Reservation (Yes/No)	A STATE OF THE STA
8	Rural Reservation: (Yes/No)	
9	Physically Challenged: (Yes/No)	
10	Postal address for correspondence:	
		2 · · · · · · · · · · · · · · · · · · ·
11	Mobile No.	
12	E-mail ID:	*
13	Name of Father: Name of Mother: Name of Spouse:	
14	DOB as recorded in the SSLC Marks Card/ Birth Certificate & Age:	
15	Whether Studied in Kannada as 1 st / 2 nd Language till SSLC	
	(Yes/No)	- NE
16	Valid registration No. with State Medical Council:	
17	Current working designation and Institute (If any)	N A A A A
18	Whether attended the NMC/MCI Inspection for the academic	
3	year 2021-22: (Yes/No) 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:

SI. No.	Qualification	Marks / Grade Etc., Aggregate of all years		Name of the college &	Year of Passing	Whether Recognized	Date of registration with state medical	
		Max. Marks	Marks Obtained	%	University	1 assing	NMC/MCI	council
1	MBBS							
2	PG	r						
3	DIPLOMA							
4	Higher qualification if any							

21. Teaching Experience Details:

Sl.	reaching Experience Details.	Name of Institution &	Period (DD/MM/YY)		Total Experience
No.	Designation	University	From	То	in years & months
1	Tutor / Junior Residents	7			
2	Senior Resident				
3	Lecturer/ Assistant Professor				
4	Associate Professor				
5	Professor				

22	Scientific papers (Oral/Poster) presented in the state/National/International conferences	Nos.:	
23	Research papers published (As per NMC/MCI Guidelines) (Xerox copies of first page of article to be enclosed along with Indexing agency)	State/National: Nos. :	International Nos.:
24	WHO fellowship in the same subject (YES / NO)		
25	University Gold Medal (YES / NO)		
26	Any other information		
27	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 NMC/MCI for the year 2021-22. If, for any reason National Medical Commission does not grant permission, I shall not claim any appointment / compensation.
- I hereby declare that I have not appeared for UG/PG NMC/MCI inspection of any Medical College for the academic year 2021-22.
- 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 NMC/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	:
Date	

Signature of the Candidate

Note:

1) All the relevant original testimonials shall be produced at the time of interview.

2) Enclose one set of relevant Xerox copies of Certificates.