



**20. Qualification Details:**

Sl. No.	Qualification	Marks / Grade Etc., Aggregate of all years			Name of the college & University	Year of Passing	Whether Recognized by NMC/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 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 ' <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 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.