



Government of Karnataka
Kodagu Institute of Medical Sciences, Madikeri
Kodagu District, Karnataka



Phone: 08272 298220 Fax: 08272 298260 E-mail:directormckodagu@gmail.com

APPLICATION FORM FOR THE POST OF: _____
ON CONTRACT BASIS IN KODAGU
INSTITUTE OF MEDICAL SCIENCES COVID-
19 HOSPITAL MADIKERI

1	Name of the candidate (in CAPITAL LETTERS)		
2	Subject		
3	Qualifications		
4	Gender		
5	Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with relevant recent certificates		
6	Hyderabad Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir)	Yes ()	No ()
7	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue Department	Yes ()	No ()
8	Internal Reservation 1. Rural candidate 2. Ex serviceman 3. Physically handicapped 4. Kannada Medium 5. Project Displaced	Yes () Yes () Yes () Yes () Yes ()	No () No () No () No () No ()
9	Nationality		
10	Postal address for correspondence		
11	Mobile No		
12	E-mail ID.		
13	Name of Father / Mother / Husband / wife		
14	Date of Birth (enclose copy of SSLC		

15	Whether studied in Kannada Medium or 1 st or 2 nd language as Kannada upto SSLC.			Yes () No ()			
17	Details of the Qualifications :						
Sl No	Qualification	Marks / Grade etc		Percentage	Name of the College	University	Year of passing
		Maximum	Obtained				
1.	S.S.L.C						
2.	P.U.C						
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
18	Experience						
19	Present employment status						
21	Higher qualification if any & year of passing, Whether recognized by Government Institution						
25	University Gold Medal (if any)						
26	Any other information						
27				Agreed Signature..... Date			

I certify that the above Information is correct and complete to the best of my knowledge and nothing has been concealed/ distorted also certify that there are no criminal cases against me, I have not been debarred from exams/dismissed from service/black listed,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..

Place:

Date:

Signature of the Candidate

KOIMS