



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



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

APPLICATION FORM FOR THE POST OF: _____

DD Number and Bank Name _____

1	Name of the candidate (in CAPITAL LETTERS)		
2	Qualifications		
3	Gender		
4	Category, SC/ST, Cat- I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with relevant recent certificates		
5	Hyderabad Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir)	Yes ()	No ()
6	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue Department	Yes ()	No ()
7	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 ()
8	Nationality		
9	Postal address for correspondence		
10	Mobile No		
11	E-mail ID.		
12	Name of Father / Mother / Husband / wife		
13	Date of Birth (enclose copy of SSLC certificate) Age:		
14	Whether studied in Kannada Medium or 1 st or 2 nd language as Kannada upto SSLC.	Yes ()	No ()
15	Particulars of registration with State Nursing Council registration date (Compulsory)		

16	Details of the Qualifications :-						
SI No	Qualification	Marks / Grade etc		Percentage	Name of the College	University	Year of passing
		Maximum	Obtained				
17	Experience:-						
Designation/Specialty	Period (DD/MM/YYYY)		Total years of Experience	Name of the College or Hospital			
	From	To					
18	Present employment status						
19	Higher qualification if any						
20	Any other information						
21	I understand that my appointment is on purely temporary basis for any reason does not grant permission I shall not claim any appointment/compensation			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 by KNC. 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