



ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಆಡಳಿತಾತ್ಮಕ ಸಂಸ್ಥೆ
Raichur Institute of Medical Sciences, Raichur

(ಸರ್ಕಾರದ ಆಡಳಿತಾತ್ಮಕ ಸಂಸ್ಥೆ)

(Govt. Autonomous Institution)

ರಾಚಿರ್ ಮೆಡಿಕಲ್ ಸೈನ್ಸಸ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್

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APPLICATION FORM FOR THE POST OF DIRECTOR

Affix
 Passport
 size
 Photograph

01	Name of the Applicant					
02	Name of the Father / Mother / Spouse					
03	a. Permanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. E Mail ID					
04	a. Date of Birth & Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
05	QUALIFICATION (Enclose Relevant Documents)					
	Qualification	Marks / Grade	Percentage	Name of the college	University	Year of Passing
a.	MBBS					
b.	MD / MS ()					
c.	M.Ch / DM					
d.	Any other equivalent or additional qualification					
6.	Particulars or registration with State Medical Council (Enclose Relevant Documents)					

7.	Teaching Experience (Enclose Relevant Documents)						
	Designation		Period		Total no. of years	Name of the college	Name of the University
			From	To			
	a	Tutor / Demonstrator/ Resident / Registrar					
	b.	Assistant Professor / Lecturer					
	c.	Associate Professor					
	d.	Professor					
	e.	Professor & HOD					
8	Present place of working & Designation						
9	No. of years of administrative experience (supportive documents to be enclosed)						
10	Publications : National Journals : International Journals :						
11	Total years of experience as Professor						
12	Extra curricular activities: Sports/Cultural Medals at University / State / National						
13	Experience as : a) Dean / Director / Professor / HOD b) Principal c) Medical Superintendent of Teaching Hospital d) Joint Director (Medical Education) e) Deputy Director (Medical Education)					No. or years	
14	Whether Assets & Liabilities Statement filed every year for the last 5 years (Enclosed copies)						

15	In the last Six years		
	a	The post / designation under which the candidate was / is working	
	b	Progress achieved in each designation	
	c	Details of Innovative initiatives made by the applicant	
	d	The results obtained because of these initiatives	
16	Any other information the candidates wishes to state		
17	<p>Details of personal interest / stake holdings / patron / membership / shares / honorary membership in any of the private establishment / society / trust / nursing homes / Pvt. Hospitals/ diagnostic centers / pharmacies / or any other business / charity of which the applicant / wife / children are part of in any capacity with regard to</p> <p>Health & Medicine should be furnished voluntarily with all details including name of the entity, capacity in which the applicant is working & annual income from the same</p>		

Note : Candidate should enclose relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made and information furnished by me in the application form and also in the enclosure(s) submitted by me are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous service I have not been subjected to the Departmental Enquiry and punished or convicted under any criminal case. If any information furnished therein is found to be fraudulent, incorrect or untrue, I am liable for criminal prosecution and cancellation of my appointment. I agree to abide by the Rules and Regulations prescribed by the Government / Institutional bye-laws.

Date :

Place :

Signature of the Applicant