



RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR

(An autonomous Institute of Govt. of Karnataka)

Raichur - 584102



No. RIMS/Adm/2019-20/

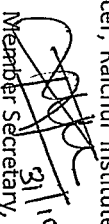
NOTIFICATION

Date : 31.10.2019

Applications are invited for the Post of Director cum Dean, Raichur Institute of Medical Sciences, Raichur as detailed below from the eligible candidates. These posts carry AICTE pay scale. The scale of pay, No. of posts, prescribed minimum qualification are as mentioned below. The selection process is made as per byelaw & C & R rules of the Institute.

Sl.No.	Cadre	Pay Scale	No.of post	Service period	Academic Qualification	Experience	Method of Selection
1	Director RIMS Raichur	Rs.37400- 67,000 +AGP (100000)	01	It is for a maximum period of 04 years or superannuation or until further orders by the Govt. whichever is earlier	Should possess the recognized Post Graduate Medical Qualification from a recognized medical Institution with a minimum of 10 years teaching experience as Professor / Associate Professor / Reader in a Medical College / Institution. Out of which at least 05 years should be as Professor in a Department. Preference will be given to Professors who have worked as HOD. He shall possess minimum of 05 years of Administrative Experience.	<ol style="list-style-type: none">1. Candidates for the said post shall be selected based on seniority cum merit amongst the Professor in the same Autonomous Institution.2. 05 Senior most willing Professors as per the cadre wise seniority list of Professors shall be considered by the Governing Council of the Institute for the said appointment.3. Candidates shall have administrative experience either as Medical Superintendent or as Head of the Department or as Professor at least for 05 years.4. Candidates shall satisfy Medical Council of India norms for appointment to the said post.5. Maximum upper age limit for the said post shall be 02 years earlier to superannuation (i.e., upper age limit to apply for the said post is 58 years)6. Candidates probationary period must have been declared.	The selection shall be made by the selection committee on the basis of Seniority cum merit from among the applicants. For further details refer section (15) of RIMS Byelaws.

The Applications can be downloaded from website of Raichur Institute of Medical Sciences, Raichur :www.rims-raichur.com. The applicants shall submit application form along with DD of Rs.5000 (Rupees Five thousand only) in the name of Director, Raichur Institute of Medical Sciences, Raichur. All duly filled application forms with the required documents along with DD Rs.5000 (Non refundable) should reach the office of Chief Administrative Officer, Raichur Institute of Medical Sciences, Raichur on or before 08.11.2019 by 5.00 P.M.


31/10/19
Member Secretary,

Selection Committee &

Chief Administrative Officer,

Raichur Institute of Medical Sciences,
Raichur

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

Government of Karnataka



ರಾಯಚೂರು ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ರಾಯಚೂರು

Raichur Institute of Medical Sciences, Raichur

(ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

(Govt. Autonomous Institution)

ಹೈದರಾಬಾದ್ ರಸ್ತೆ, ರಾಯಚೂರು

Hyderabad Road, Raichur



www.rims-raichur.com

www.info@rims-raichur.com

Phone/Fax : 08532 238488/89

APPLICATION FORM FOR THE POST OF DIRECTOR

Notification No.RIMS/Adm/2019-20, dated : 02.11.2019

D.D. No & Date :

Affix
Passport
size
Photograph

01	Name of the Applicant (In Capital Letters)	
02	Name of the Father / Mother / Husband /Spouse (In Capital Letters)	
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	In the last Five 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					
14	Experience as :					No. or years	
	a)	Dean / Director / Professor / HOD					
	b)	Principal					
	c)	Medical Superintendent of Teaching Hospital					
	d)	Joint Director (Medical Education)					
	e)	Deputy Director (Medical Education)					

15	Whether Assets & Liabilities Statement filed every year for the last 05 years (Enclosed copies)	
16	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 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	
17	Any other information the candidates wishes to state	

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