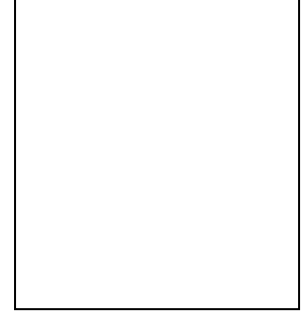




Government of Karnataka

## BELAGAVI INSTITUTE OF MEDICAL SCIENCES

Dr. B R Ambedkar Road, Belagavi – 590 001, (Autonomous Medical Institution)  
Office No. 0831-2421464, 2421453, Fax No. 0831-2403126. Website: [www.bimsbelgaum.org](http://www.bimsbelgaum.org)  
E.Mail: [belgaum.bims@gmail.com](mailto:belgaum.bims@gmail.com)



POST APPLIED FOR: \_\_\_\_\_

Walk in Interview Notification No. BIMS/EST(1)/849/2015-16

Dated : 20th April 2016

Walk in Interview: 10<sup>th</sup> May 2016

### APPLICATION FOR THE POST OF ASSISTANT PROFESSOR ON FULL TIME REGULAR / CONSOLIDATED SALARY BASIS

1	Name of Candidate (In capital letters)	
2	Subject	
3	Sex	
4	Category, SC/ST, Cat-I/ IIA/ IIB/ IIIA/ IIIB/ GM / 371(J) (Specify & attach Category Certificate)	
5	Nationality	
6	Postal address for correspondence (Mobile No. E-mail I.D., if any) can also be given	
7	Name of Father/ Mother/ Husband:	
8	Date of Birth as recorded in the SSLC Marks Card.	
9	Particulars of PG registration No. with State Medical Council to be furnished.	
10	Qualification prescribed for the post as per MCI	
11	Specify post for which applied.	

PTO

12 (a)	Qualification	Marks/Grade Etc. Aggregate of all years			Name of the College & University & Year of Passing	No.of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	Grade			
1	MBBS						
2	PG						
(b)	Higher qualification if any & year of passing, whether recognized by MCI						

13 Teaching Experience					
	Designation	Name of Institution / University	Period (DD/MM/YYYY)		Total Experience in years & months
			From	To	
1	Tutor/Demonstrator				
2	Registrar / Senior Resident / Resident				
3	Assistant Professor				
4	Associate Professor				
5	Professor				

		National	International
14	No. of Scientific papers presented (Zerox copies of certificates to be enclosed)		
15	No.of Research papers published (Zerox copies to be enclosed)		
16	Details of last MCI attended	Post: Date : College:	

Place: Belagavi

Date :

Signature of the Candidate

Note:

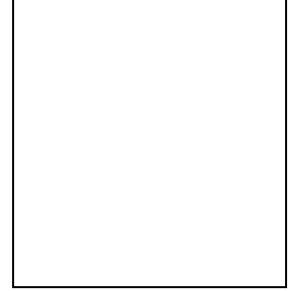
- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose zerox copies of certificates wherever necessary.



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POST APPLIED FOR: \_\_\_\_\_

Walk in Interview Notification No. BIMS/EST(1)/849/2015-16

Dated : 20<sup>th</sup> April 2016

Walk in Interview: 10<sup>th</sup> May 2016

### APPLICATION FOR THE POST OF SENIOR RESIDENT ON FULL TIME REGULAR / CONSOLIDATED SALARY BASIS

1	Name of Candidate (In capital letters)	
2	Subject	
3	Sex	
4	Category, SC/ST, Cat-I/ IIA/ IIB/ IIIA/ IIIB/ GM / 371(J) (Specify & attach Category Certificate)	
5	Nationality	
6	Postal address for correspondence (Mobile No. E-mail I.D., if any) can also be given	
7	Name of Father/ Mother/ Husband:	
8	Date of Birth as recorded in the SSLC Marks Card.	
9	Particulars of PG registration No. with State Medical Council to be furnished.	
10	Qualification prescribed for the post as per MCI	
11	Specify post for which applied.	

PTO

12	Qualification	Marks/Grade Etc. Aggregate of all years			Name of the College & University & Year of Passing	No.of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	Grade			
1	MBBS						
2	PG						
3	Diploma						
4	Any other Qualification						

13	Teaching Experience				
	Designation	Name of Institution / University	Period (DD/MM/YYYY)		Total Experience in years & months
			From	To	
1	Tutor/Demonstrator				
2	Senior Resident				

		National	International
14	No. of Scientific papers presented (Zerox copies of certificates to be enclosed)		
15	No.of Research papers published (Zerox copies to be enclosed)		
16	Present employment if any		
17	Details of last MCI attended	Post: Date : College:	

Place: Belagavi

Date :

Signature of the Candidate

Note:

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose attested zerox copies of Certificates wherever necessary.



Government of Karnataka

## BELAGAVI INSTITUTE OF MEDICAL SCIENCES

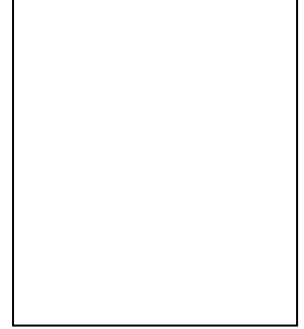
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POST APPLIED FOR: \_\_\_\_\_

Walk in Interview Notification No. BIMS/EST(1)/849/2015-16

Dated : 20<sup>th</sup> April 2016

Walk in Interview: 10<sup>th</sup> May 2016



### APPLICATION FOR THE POST OF CASUALTY MEDICAL OFFICER / LADY MEDICAL OFFICER

1	Name of Candidate (In capital letters)	
2	Subject	
3	Sex	
4	Category, SC/ST, Cat-I/ IIA/ IIB/ IIIA/ IIIB/ GM / 371(J) (Specify & attach Category Certificate)	
5	Nationality	
6	Postal address for correspondence (Mobile No. E-mail I.D., if any) can also be given	
7	Name of Father/ Mother/ Husband:	
8	Date of Birth as recorded in the SSLC Marks Card.	
9	Particulars of registration No. with State Medical Council to be furnished.	
10	Qualification prescribed for the post as per MCI	
11	Specify post for which applied.	

PTO

12	Qualification	Marks/Grade Etc. Aggregate of all years			Name of the College & University & Year of Passing	No.of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	Grade			
1	MBBS						
2	PG						
3	Diploma						
4	Any other Qualification						

13 Teaching Experience					
	Designation	Name of Institution / University	Period (DD/MM/YYYY)		Total Experience in years & months
			From	To	
1	Tutor/Demonstrator				

		National	International
14	No. of Scientific papers presented (Zerox copies of certificates to be enclosed)		
15	No.of Research papers published (Zerox copies to be enclosed)		
16	Present employment if any		
17	Details of last MCI attended	Post: Date : College:	

Place: Belagavi

Date :

Signature of the Candidate

Note:

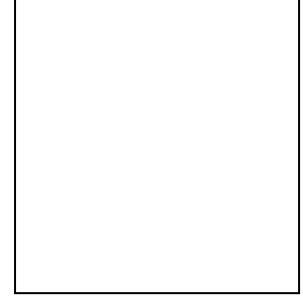
- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose attested zerox copies of Certificates wherever necessary.



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**POST APPLIED FOR:** \_\_\_\_\_

Walk in Interview Notification No. BIMS/EST(1)/849/2015-16

Dated : 20<sup>th</sup> April 2016

Walk in Interview: 10<sup>th</sup> May 2016

### APPLICATION FOR THE POST OF HONORARY SUPERSPECIALITY

1	Name of Candidate (In capital letters)	
2	Subject	
3	Sex	
4	Category, SC/ST, Cat-I/ IIA/ IIB/ IIIA/ IIIB/ GM / 371(J) (Specify & attach Category Certificate)	
5	Nationality	
6	Postal address for correspondence (Mobile No. E-mail I.D., if any) can also be given	
7	Name of Father/ Mother/ Husband:	
8	Date of Birth as recorded in the SSLC Marks Card.	
9	Particulars of PG registration No. with State Medical Council to be furnished.	
10	Qualification prescribed for the post as per MCI	
11	Specify post for which applied.	

PTO

12 (a)	Qualification	Marks/Grade Etc. Aggregate of all years			Name of the College & University & Year of Passing	No.of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	Grade			
1	MBBS						
2	PG						
(b)	Higher qualification if any & year of passing, whether recognized by MCI						

13 Teaching Experience					
	Designation	Name of Institution / University	Period (DD/MM/YYYY)		Total Experience in years & months
			From	To	
1	Tutor/Demonstrator				
2	Registrar / Senior Resident / Resident				
3	Assistant Professor				
4	Associate Professor				
5	Professor				
14	Clinical Experience				
			National		International
15	No. of Scientific papers presented (Zerox copies of certificates to be enclosed)				
16	No. of Research papers published (Zerox copies to be enclosed)				
17	Details of last MCI attended	Post: Date : College:			

Place: Belagavi

Date :

Signature of the Candidate

Note:

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose zerox copies of certificates wherever necessary.





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POST APPLIED FOR: \_\_\_\_\_

Walk in Interview Notification No. BIMS/EST(1)/849/2015-16

Dated : 20<sup>th</sup> April 2016

Walk in Interview: 10<sup>th</sup> May 2016

### APPLICATION FOR THE POST OF DIETICIAN ON CONSOLIDATED SALARY BASIS

1	Name of Candidate (In capital letters)						
2	Qualification						
3	Sex						
4	Category, SC/ST, Cat-I/ IIA/ IIB/ IIIA/ IIIB/ GM / 371(J) (Specify & attach Category Certificate)						
5	Nationality						
6	Postal address for correspondence (Mobile No. E-mail I.D., if any) can also be given						
7	Name of Father/ Mother/ Husband:						
8	Date of Birth as recorded in the SSLC Marks Card.						
9	Particulars of registration No. if any						
10	Examination	Marks/Grade Etc. Aggregate of all years			Name of the College & University & Year of Passing	No.of Attempts	Whether Recognized by MCI
		Max. Marks	Marks Obtained	Grade			
1	Diploma (Nutrition/Dietician)						
2	B.Sc. (Nutrition/Dietician)						
3	M.Sc. (Nutrition/Dietician)						

PTO

11	Experience				
	Designation	Name of Institution	Period (DD/MM/YYYY)		Total Experience in years & months
From			To		

		National	International
12	No. of Scientific papers presented (Zerox copies of certificates to be enclosed)		
13	No. of Research papers published (Zerox copies to be enclosed)		
14	Present employment if any		
15	Details of last MCI attended	Post: Date : College:	

Place: Belagavi

Date :

Signature of the Candidate

Note:

- 1) All the original testimonials shall be produced at the time of interview.
- 2) Enclose attested zerox copies of Certificates wherever necessary.