

SDS TRC & RAJIV GANDHI INSTITUTE OF CHEST DISEASES



[An Autonomous Institution, Government of Karnataka]

Someshwaranagar 1st Main Road, Bengaluru-560 029

APPLICATION FORM

APPLICATION FORM FOR THE POST OF TEACHING AND NON TEACHING STAFF

Affix Passport size recent Photograph here

(Professor / Associate Professor / Assistant Professor / Specialist)

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Name	e of the Post																
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NOtifi	cation No. & Date		110.5	D3/.	- INCC	11/(11/2	202		טע ב	acc	1. 4.	3/ 1.		<i>J</i> 21		
1.	Applicants Full Na	ame															
	1. Applicants Full Name (In Capitals) Date of Birth (As in SSLC Marks Card) 3. Father / Husband Name 4. Gender. Male: Female: 5. Religion. Caste: Sub Caste: 6. Nationality.																
						Female:	l										
2.			DL)		N	/I M	1	YE								
	(As in SSLC Mark									1	9						
3.	Father / Husband	Name															
4.	Gender.	Gender.						Male : Female :									
_	Delicies																
5.	Religion.				Ca	ste	:				Sı	ub C	Cast	te :			
6.	Nationality.																
7.	Permanent Addre	SS.															
8.	Postal Address.																
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9.	Email																
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10.	Do you Claim Reservany category? If so I the appropriate box a copy of certificate.	ick / Shade	GM Cat-2A	SC Cat – 2B	ST Cat- Cat – 3A Cat				
11.	Do you claim Reservation, if say which category	under HK yes under	GM	Yes SC	No ST Cat-	1			
			Cat-2A	Cat–2B	Cat–3A Cat-	-3B			
12.	Do you come under a reservations?	any of these So Tick	Rural	Kannada Medium	Ex-MP P.	.H. PDP			
		and enclose							
13.	Marital Status								
	(a) If married, have your wife? (Applicable to the control of the	o male candida	ate)						
	having a wife candidate)	•	•						
14.	Particulars of Qualifica	tions:	•						
	MBBS Degree	Year of Passing		num Marks escribed	Marks Secured	Attempts			
I Phase	e of MBBS								
II Phase	e of MBBS								
III Phas	se								
`	s cards copies dully ed to be enclosed in ate) Total								
15.	Particulars of PG De	egree:							
. ,	Year of passing								
, ,	PG in which subject Name of the institution	, -							
(c) Name of the institution (d) (Enclose Attested copies of certificate)									

16. Other Information:

Papers Presented in	National/Indexed Paper	Sports at Univ. &	Cold Model
National Conference	Published in Journal	State	Gold Medal

17. Experience:

Designation	Per (DD/MM		Total No. of years	Name of the College & University
	From	То		
Tutor/Demonstrator/Resident/Registrar				
Assistant Professor				
Associate Professor				
Professor				
Specialist				

18. Recognition:

Higher	qualification	if	any	&	year	of	passing,
Higher qualification if any & year of passwhether recognized by NMC or not							

19. Employment:

Prese	ent employment if any				
		Name and address of	of DD/Pay order	Amount	
20.	Details of Fee Paid	the Bank	No.& Date	Amount	

DECLARATION

I do hereby declare that all contents made in this application are true, complete and correct to the best of my knowledge and belief. I have read the rules and understand that in the event of any information being found false or ineligibility being detected before or after the selection/appointment, action may be taken against me by the selecting Authority/Appointing Authority under rule 20 of Karnataka Civil Services (General Recruitment) Rules 1977 as amended from time to time.

I have read the rules and instructions carefully and hereby undertake to abide by them.

I further declare that, I fulfill all the eligibility conditions regarding age qualification, experience, reservation etc., wherever applicable /prescribed for selection / appointment.

Place:	Signature of the Candidate

Date:

FOR OFFICE USE ONLY

Remarks:			

Signature of the Verifying Officer / Staff

The following document to be submitted along with application

- 1. SSLC Marks card for Age proof.
- 2. MBBS, PG Marks cards & UG, PG Degree Certificate
- 3. Recent Cast certificate / Cast cum Income certificate
- 4. Rural, PH, Kannada Medium & PDP Certificate if any
- 5. Experience Certificate
- 6. 371(J) Certificate
- 7. No Objection Certificate from the present employer
- 8. Copies of Publications.
- 9. KMC registration certificate with entry of additional qualification.
- 10. Two Passport size photos.
- 11. Any other documents.

Certificate to be furnished by the State /Central Government Servants

	Certified	that	Smt	/Sri				hc	olds	а
perm	anent/Temp	oorary	post	under	the	State/Cen	tral	Governm	ent	as
							(Des	signation)	in	the
Depa	rtment o	f								from
				havii	ng bee	n appointed	l there	ein under	the	rules
of red	cruitment. H	le/She is	permit	ted to app	oly for t	he said post	t.			
Place										
riace	;.					Signa	ature o	of the Appo	ointi	na
Date:						· ·		y with Sea		