

APPLICATION FORM FOR THE POST OF _____ at
 SDS TRC & RGICD, Bengaluru

Notification No. SDS/ _____ / _____ dated _____

Photograph

Paste the recent
 passport size
 photograph.
 (do not pin or
 staple)

| | | |
|----|---|--|
| | Name of the Post | |
| 1. | Name of the Applicant (in CAPITAL letters) | |
| 2. | Age & Date of Birth as recorded in the SSLC certificate | Age <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | Father / Husband Name | |
| 4. | Postal & Permanent address for correspondence. | |
| 5. | E-mail address | |
| 6. | Mobile No. | |
| | Religion | Caste: Sub-caste: |
| 7. | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 8. | Nationality | Indian <input type="checkbox"/> Others <input type="checkbox"/> |
| 9. | Knowledge of Kannada | |
| | Community (Tick <input checked="" type="checkbox"/> in the appropriate box) Do you claim reservation under any category? If so tick or shade appropriate box and enclosed copy of the certificate | GM <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Cat-1 <input type="checkbox"/> Cat-2A <input type="checkbox"/> Cat-2B <input type="checkbox"/> Cat-3A <input type="checkbox"/> Cat-3B <input type="checkbox"/> GM (Rural) <input type="checkbox"/> |
| 10 | Particulars of registration with Karnataka State Medical Council to be furnished | |
| 11 | Particulars of registration with Karnataka State Nursing Council/Para Medical Board to be furnished | |

| | Qualification | | | | |
|-----------|--|---|------------|--|--|
| | Details of the Qualification: | | | | |
| Sl. No | Qualification | Total Marks obtained / Grade in all the years | Percentage | Name of the College & University. Date, Month & Year of passing | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 12 | Experience | | | | |
| | Designation | Period (DD/MM/YYYY) | | Total No. of years | Name of the College & Institution/Hospital |
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 13 | Present employment if any | | | | |
| 14 | Other information | | | | |
| 15 | UNDERTAKING: I solemnly affirm that the information furnished above is true and correct in all respect. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to civil / criminal prosecution and also forgo my claim to the admission / appointment in the Institute. I am /have not been involved in any kind of criminal and unlawful activities in the past. | | | | |

NOTE:- Application received on other format or received after the last date prescribed for submission, will not be entertained.

Place:

Date:

Candidate's Signature