

BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.

Notification No: BMCRI/Est(1)/22/19-20, Dated: 30.01.2020

Application form for the post of : Assistant Professor – 1 post

Department : Sports Medicine (On Contract Basis).

Salary : 50,000 /- per month

Date of Interview : 6.02.2020 (2 PM) .

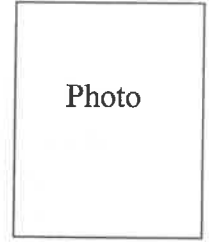
Last date for Submission of Application : 05.02.2020 before 5 pm.

Place of Interview : Director cum Dean Board Room, BMCRI.

Minimum Qualification : As per MCI norms

- M.D (Sports Medicine)
- M.S (Orthopaedics)
- M.D (Physical Medicine & Rehabilitation)
- DNB (Sports Medicine) (Equivalence as granted by the Gazette Notification 01.11.2018)
- Eligible Candidates with MD (Sports Medicine) will be preferred.

Application Submission : Director cum Dean Personal Section, BMCRI, Fort, Bengaluru.



1	Name of the candidate (in capital letters)										
2	Qualifications prescribed for the post										
3	Sex	Male			Female						
4	Category: (specify with certificate)										
		GM	SC	ST	C1	2A	2B	3A	3B	HK	
5	Nationality										
6	Postal address for correspondence Mobile No E-mail I.D	Pin code :									
7	Name of Father/Mother/Husband/wife										
8	Date of Birth as recorded in the S.S.L.C. Marks card										
9	Indicate Kannada Language in SSLC or equivalent examination 1 st , 2 nd or 3 rd Language.	1 st Language Kannada		2 nd Language Kannada		3 rd Language Kannada			Marks scored		Max. Marks
10	Details of the Qualifications :										

Sl. No.	Qualification	Total Marks Obtained	Percentage	Name of the College & University & year of passing
11	Experience of previous appointments.			
	Designation	Period (DD/MM/YYYY)		Total no. of years
		From	To	
12	Higher qualification if any & year of passing, from the recognized University / College.			
13	Present employment if any			
14	Other information			

NOTE:-

1. Candidate should produce all original Marks cards & other related original documents at the time of walk in interview.
2. Xerox copies of all Original Documents duly self attested.
3. Xerox copy of Address and ID proof.

-.DECLARATION:-

I declare that the above furnished information is true and correct to the best of my knowledge and belief. If any of the information furnished above is found to be false or incorrect, I shall be liable to civil / criminal action by instruction of Government of Karnataka as per law.

Place:

Date:

Signature of the Candidate