



Govt. of Karnataka

Bangalore Medical College & Research Institute

(An autonomous Institute of Govt. of Karnataka)

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APPLICATION FORM FOR THE POST OF MEDICAL SUPERINTENDENT

Notification No.: BMCRI/PS/77/2018-19, dated: 05.07.2018

D.D. No. & Date:

Branch & Address:

**Affix a recent
passport size
photograph**

1	Name of the Candidate (In Capital Letters)						
2	Name of Father / Mother / Husband / Wife (In Capital Letters)						
3	a.	Permanent address (In Capital Letters) (Mobile No. and E-mail ID)					
	b.	Postal address for correspondence (In Capital Letters)					
4	a.	Date of Birth (as recorded in the S.S.L.C. Certificate)					
	b.	Nationality					
	c.	Religion					
	d.	Caste					
QUALIFICATION WITH FOLLOWING DETAILS (In Capital Letters)							
5	Sl. No	Qualification	Marks/ Grade etc	Percentage (%)	Name of the college	Name of the University	Year of Passing
	i	M.B.B.S					
	ii	M.D / M.S					
	iii	M.Ch. / DM					
	iv	Any other					
6	Particulars of registration with state Medical Council:						
EXPERIENCE (In Capital Letters)							
7	Designation	Period		Total No. of Years	Name of the College	Name of the University	
		From	To				
	Tutor / Demonstrator / Resident / Registrar						
	Assistant Professor / Lecturer						
	Associate Professor						
	Professor						
Professor & HOD							

8	Present Status of employment	
	a	Post held
	b	Place of Working
9	Other information / Achievement	
	a	Papers Presented
		i) State Conference
		ii) National Conference
		iii) International Conference
	b	Publications
		National
		International
	10	Sports Activities:
c		i) University Level
		ii) State Level
		iii) National Level
		iv) International Level
d	Any other Information :	
11	In the last Six 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	
	Whether the applicant has filed Annual Property Returns in the last 05 years. Date of filing in each year should be mentioned.	

12	<p>Details of the 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 it 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 .</p>	
13	<p>If any Departmental Enquires pending give details.</p>	

Declaration: I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures (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 it however be found that any information, material particulars, furnished therein is fraudulent, incorrect or untrue, I am liable for criminal prosecution and also agree to forego my post. I agree to abide by the rules and regulations prescribed for the same by the Government / Institution.

Date :
Place:

Signature of the applicant