

BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.

Application form for the post of _____

(On Contractual Basis for COVID-19 Purpose)

Notification No: BMCRI/PS/54/2020-21 (Part-1), Dated: 16.04.2021

Document Verification / Interview : 19.04.2021, 10.00 AM

Place : Near Medical Superintendent Office, Victoria Hospital Campus.

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1	Name of the candidate (in capital letters)																			
2	Qualifications prescribed for the post																			
3	Sex	Male	Female																	
4	Category: (SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM/H-K specify with certificate)																			
5	Nationality																			
6	Postal address for correspondence Mobile No <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> E-mail I.D											Pin code : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
7	Name of Father/Mother/Husband/wife																			
8	Date of Birth as recorded in the S.S.L.C. certificate																			
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	Name of the Institute / College & University
		From	To		
12	Higher qualification if any & year of passing, from the recognized Institute / University / College.				
13	Present employment if any				
14	KMC / KNC registration number (Applicable for the concerned post)				
15	Other information				

NOTE:- Candidate should produce all original Marks cards & other related original documents at the time of reporting for duty.

:-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 or Government of Karnataka as per law.

Place:

Date:

Signature of the Candidate