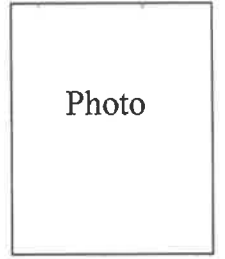


BENGALURU MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.Notification No: Project/ ^{09/2020-21} /2019-2020

Dated:12-10-2020

Application form for the post of :Research Scientist and Research Assisatnt**Department : VRDL Lab (Contract Basis). GOK****Date of Interview : 14-10-2020 Time :2.00pm.****Last date for Submission of Application:13-10-2020 before 5.00 pm.****Place of Interview : BMCRI****Salary : Research Scientist(Medical) Rs.60,000 /-PM****Research Assisatnt : Rs.30,000/- PM****Minimum Qualification :****Research Scientist(Med):M.Sc .(P.hd)in Medical microbiology/ M.Sc with 5 years Research Expérience****Research Assisatnt : M.Sc .Medical micro /Allied Sciences's****Place of Submission****Of Application : 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 ID: | | 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 | PLeriod (DD/MM/YYYY) | | Total no. of years | Name of the College & University |
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 12 | Higher qualification if any & year of passing, from the recognized University / College. | | | | |
| 13 | Present employment if any | | | | |
| 14 | Other information | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NOTE:-

19. Candidate should produce all original Marks cards & other related original documents at the time of walk in interview.
20. Xerox copies of all original Documents duly self attested.
21. 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