

BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.

Notification No: BMCRI/Est(2)A/24/19-20, Dated:24.10.2019

Application form for the post of : Paediatrician

Department : Department of Clinical Hematology, B M C R I, (On Contract Basis
For 11 Months).

Date of Interview : 02-11-2019 (10 AM to 12 PM).

Last date for Submission of Application : 31-10-2019 before 5 pm.

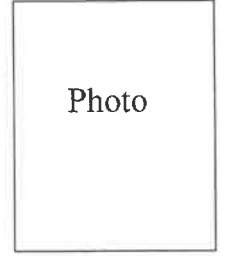
M C R

Place of Interview : HOD Clinical Hematology, Victoria Hospital, H-BLOCK

Salary : 1,10,000/- Per Month

Minimum Qualification : MD(Paediatrics)/ DNB(Paed)/DCH from recognised Medical institution. Experienced candidates maybe 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 <input type="text"/> E-mail I.D	Pin code : <input type="text"/>									
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	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:-

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