

**BENGALURU MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU.**

Notification No: BMCRI/EST(3)A/29/19-20

Dated: 18/03/2020

Application for the post of : Group -D.

Department : Regional Geriatric Centre ,Victoria Hospital (On Contract Basis)

Photo

Date of Interview : : 23 /03/2020 3PM

Last date for Submission of Application : 21/03/2020 before 5 pm.

Place of Interview : BMCRI Board Room Bangalore.

Salary : 7,500/- Per Month

Minimum Qualification : S.S.L.C

Submission of the Application : Director cum Dean Personal Section, 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	CI	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 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> Language.		1 <sup>st</sup> Language Kannada	2 <sup>nd</sup> Language Kannada	3 <sup>rd</sup> 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 recognised 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.
4. Age Limit :General-35, OBC-38, SC/ST & CAT-1- 40 years.

**:-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