



Govt. of Karnataka

Bangalore Medical College & Research Institute

(An autonomous Institute of Govt. of Karnataka)

Fort, K.R. Road, Bengaluru – 560 002

Ph: 080 2670 1529, 2670 0810 Fax: 080 2670 4342

Web: www.bmcricri.org e-mail: director_bmcricri@yahoo.co.in



APPLICATION FORM FOR THE POST OF DIRECTOR CUM DEAN, BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE

Notification No.: BMCRI/PS/99/2019-20, dated: 11.09.2019

Last date for Submission of Application is 26.09.2019 by 5.30 pm.

Interview Place, Date & Time of Interview will be intimated to the candidates later.

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D.D. No. & Date:

| | | | | | | | |
|--|--|---|---------------------|--------------------------|------------------------|---------------------------|--------------------|
| 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 | | | | | |
| QUALIFICATION WITH FOLLOWING DETAILS (In Capital Letters) | | | | | | | |
| | Sl. No | Qualification | Marks/ Grade etc | Percentag e (%) | Name of the college | Name of the University | Year of Passing |
| 5 | i | M.B.B.S | | | | | |
| | ii | M.D / M.S | | | | | |
| | iii | M.Ch. / D.M | | | | | |
| | 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 | | | | | | |
| Any other | | | | | | | |

| Other information / Achievement | | |
|--|--|--|
| a | Papers Published | |
| | i) National Journals | |
| | ii) International Journals | |
| | | |
| 8 | Sports / Cultural Activities: | |
| b | i) University Level | |
| | ii) State Level | |
| | iii) National Level | |
| | iv) International Level | |
| c | Any other Information : | |
| 9 | In the last Five 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 | |
| 10 | Whether the applicant has filed Annual Property Returns in the last 05 years. Date of filing in each year should be mentioned. | |
| 11 | 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. | |
|--|--|

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