



MANDYA INSTITUTE OF MEDICAL SCIENCES

MANDYA - 571 401

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# MANDYA INSTITUTE OF MEDICAL SCIENCES

MANDYA -571 401

(Autonomous Medical Institution, Government of Karnataka)

E.Mail Address:

[mimsmandya@gmail.com](mailto:mimsmandya@gmail.com)

## APPLICATION FORM

POST APPLIED FOR - PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR/ SENIOR  
RESIDENT/LADY MEDICAL OFFICER/CMO

1	Name of the Candidate (In Capital Letters)					Affix your recent passport size photo
2	Father's Name					
3	Address for communication					
4	Mobile No.:					
5	Phone No.(R):			E.Mail:		
6	Details of Photo Copies Produced - put a tick (✓) Mark.					
	a) SSLC Marks Card		g) P.G. Certificate			
	b) MBBS Marks Card		h) KMC Registration Certificate			
	c) MBBS Degree Certificate		i) Category/Caste Certificate with date of issue			
	d) Degree Certificate(MD/MS/Diploma)		j) Experience Certificate			
	e) P.G. Marks Card (if awarded)		k) Past Relieving Orders			
	f) P.G. cum Resident Certificate					
7	Category (please tick)		GM / SC / ST / OBC / Ct-1 / 2A / 2B / 3A / 3B			
8	Date of Birth and Age (As per SSLC Marks Card)					
9	MBBS (Year of Passing)	I Year to final year	Max. Marks	Marks Secured		
		I-MBBS				
		II-MBBS				
		III-MBBS-Part-I				
		III-MBBS-Part-II				
		Total Marks				
		Overall Percentage				
		For 85%				
10	PG Qualification	Subject	Max. Marks	Marks Secured	Percentage	Prorata of 85%
11	Number of attempts	UG:				
		PG:				

12	Teaching Experience (do not enter Post Graduation period)				
	Designation	College	From	To	Total Experience
	Assistant Professor				
	Associate Professor				
	Professor				
13	Paper Presentation in National/International Conferences	1)			
		2)			
		3)			
14	Paper Publications	1)			
		2)			
		3)			
15	Achievements in Sports				
16	Gold Medals in UG/PG				
17	Whether appeared for MCI inspection during current year	YES / NO			

**DECLARATION:**

I hereby declare that all the statements/contents/ particulars in this application form given by me are absolutely correct, true and authentic. In the event, the above said details turn out to be incorrect or false, the undersigned is liable for the necessary disciplinary action, including termination of the appointment, if selected for the post

Signature of the Candidate

For Office Use only:

Remarks:

Verified By:

Signature:

Name:

Designation: