



Government of Karnataka
DIRECTORATE OF MEDICAL EDUCATION
BMCRI old building, Fort, K R Road, Bangalore-2, dmekarnataka@yahoo.com

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passport
size photo

APPLICATION FORM FOR THE POST OF DIRECTOR
JAYADEVA INSTITUTE OF CARDIOVASCULAR SCIENCES AND RESEARCH
BANNERGHATTA ROAD, BANGALORE

(Please fill Sl. No. 1 to 4 in Capital Letters Only)

1	Name of the Applicant					
2	Name of the Father/Mother/Spouse					
3	a. Permanent address					
	b. Postal Address for correspondence					
	c. Mobile Number					
	d. e-mail Id					
4	a. Date of Birth and Age (as recorded in the SSLC certificate)					
	b. Nationality					
	c. Religion					
	d. Caste & Category					
5	Qualification (Enclose relevant documents)					
	Qualification	Marks/ Grade	Percentage	Name of the college	University	Year of passing
a	M.B.B.S					
b	M.D/M.S ()					
c	M.ch/DM ()					
d	Any other equivalent or additional qualification					
6	Particulars of registration with State Medical Council (Enclose relevant documents)					

7	Teaching Experience (Enclose relevant documents)						
	Designation		Period		Total No. of years	Name of the college	Name of the University
			From	To			
	A	Tutor/ Demonstrator/ Resident/ Registrar					
	B	Assistant Professor/ Lecturer					
	C	Associate Professor					
	D	Professor					
	E	Professor & HOD					
8	Present place of working & Designation						
9	No. of years of administrative experience (supporting documents to be enclosed)						
10	Publications: National Journals: International Journals:						
11	Total number years of experience as Professor						
12	Extra-curricular activities: Sports / Cultural Medals at University / State / National						
13	Experience as: a) Dean /Director / Professor / HOD b) Principal c) Medical Superintendent of Teaching Hospital d) Joint Director (Medical Education) e) Deputy Director (Medical Education) f) Director/Registrar at Rajiv Gandhi University of other recognised institutions						
14	Professional track record in the past six years						
	a. The post / designation under which the candidate was / is working b. Progress achieved in each assignment c. Details of innovative initiatives by the applicant d. The results obtained consequent of these initiatives						

15	Any other information the candidate proposes to state	
16	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 centres / pharmacies / or any other business / charity of which the applicant / wife / 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.	

Note: Candidate should enclose relevant supporting documents of all the above aspects. Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statements made and information furnished by me in the application form and also in the enclosure (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 any information furnished therein is found to be fraudulent, incorrect or untrue, I am liable for criminal prosecution and cancellation of my appointment.

I agree to abide by the Rules and Regulations prescribed by the Government / Institutional bye-laws.

Date:

Place:

Signature of the Applicant.