

RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR

APPLICATION FORM FOR THE POST OF _____

Department of _____

Notification No. RIMS/EST(1)/Nemakati/2025-26/536 Dtd : 30.09.2025

(Office use only) Reg. No. :

1	Name of the Candidate (in Capital letters)			
2	Name of Father / Mother / Husband / Wife			
3	Date of Birth (Enclose copy of SSLC certificate / Birth Certificate) and Age :			
4	Sex (Male / Female / Transgender)			
5	Aadhar No.			
6	Category: SC(A),(B), (C)/ ST/ Cat-I/ IA/ IIA/ IB/ IIB/ IIIA/ IIIB/ GM specify with relevant recent certificate.			
7	HK (Yes / No)			
8	Internal Reservation Rural candidate (Yes / No)			
	Ex-service Man (Yes / No)			
	Physically handicapped (Yes / No)			
	Kannada Medium (Yes / No)			
	Project Displaced (Yes / No)			
	Transgender (Yes / No)			
9	Subject			
10	Qualification			
11	Nationality			
12	Postal address for correspondence			
13	Mobile No.			
14	E-mail ID			
15	Whether studied in Kannada Medium or 1 st or 2 nd Language as Kannada upto SSLC (Yes / No) (Enclose certificate)			
16	Particulars of registration with State Medical Council no. to be furnished along with PG registration date (compulsory)			
17	Details of the Qualifications			
Sl.No	Qualification	Marks / Grade	Percentage	Name of the College & University & year of passing
1				
2				
3				
4				

17	Experience of previous appointments			
Designation	Period (DD/MM/YYYY)		Total years of Experience	Name of the College & University
	From	To		
Tutor/Demonstrator/ Resident / Registrar				
Assistant Professor				
Associate Professor				
Professor				
19	Present employment status			
20	No Objection Certificate from Head of the Institution. If in the Private College, If in Govt. Service NOC has to be obtained from the Head of the Institute / Competent authority (Yes / No)			
21	Higher qualification if any & year of passing, Whether recognized by NMC of not			
22	Papers Presented in National Conference(s) International Conference(s) (in chronological order) (Enclosed : Yes / No)			Numbers : Numbers :
23	Papers Published in National Indexed Journal(s) International Indexed Journal(s) (Enclosed : Yes / No)			Numbers : Numbers :
24	WHO fellowship in the same subject			
25	University Gold Medal (if any)			
26	Any other information			
27	I understand that my appointment is provisional in nature and subject to the approval given by the National Medical Commission.			Agreed Signature Date :
28	DD details (Number , Date and Bank)			

I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted also certify that there are no criminal cases against me, I have not been debarred from exams / dismissed from service / black listed by MCI / KMC. If I am found to have concealed / distorted / factually submitted wrong information, my appointment shall be liable to termination without notice/ compensation. I shall not claim TA / DA or any compensation for attending the interview.

Place :

Date :

Signature of the Candidate