

**ಜಿಲ್ಲಾಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಹಾವೇರಿ -581110**

OFFICE OF THE DEPUTY COMMISSIONER, HAVERI, 581110

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No.DCH/VRDL/Appt/2020-21. Dated 20th May, 2020.

**RECRUITMENT COMMITTEE, COVID-19, VIRUS RESEARCH AND DIAGNOSTIC LABORATORY (VRDL) DISTRICT HOSPITAL HAVERI**

**APPLICATION FOR THE POST OF**

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| --- | --- | --- |
| 1 | Name of candidate (in Capital letters) |  |
| 2 | Subject |  |
| 3 | Qualification |  |
| 4 | Sex |  |
| 5 | Category, SC/ST, Cat-I/IIA/IIB/IIIA/IIIB/GM. Specify with certificate. |  |
| 6 | Do you belong to Hyderabad Karnataka region? | Yes/No |
| 7 | If yes, Eligibility Certificate issued by Assistant Commissioner. |  |
| 8 | Internal Reservation   1. Rural candidate 2. Ex-Serviceman 3. Physically handicapped 4. Kannada Medium 5. Project Displaced | Certificate enclosed.  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No |
| 9 | Nationality |  |
| 10 | Postal address for correspondence |  |
| 11 | Mobile No. |  |
| 12 | Skype ID |  |
| 13 | E-mail ID |  |
| 14 | Name of Father/Mother/Husband/Wife |  |
| 15 | Date of birth as recorded in SSLC Certificate |  |
| 16 | Studied Kannada as 1st/2nd Language? |  |
| 17 | Particulars of registration with State Medical Council. | Registration No.  Date : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18. Details of Qualifications. | | | | | | | | |
| Sl. No | Qualification | Marks/Grade etc. | | | Name of the college | University | Year of passing | Whether recognized by MCI? |
| Max marks | Marks obtained | % |
| 1 | MBBS |  |  |  |  |  |  |  |
| 2 | PG |  |  |  |  |  |  |  |
| 3 | DIPLOMA |  |  |  |  |  |  |  |
| 4 | Higher Qualification if any. |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 19. Teaching Experience Details | | | | | |
| Sl. No. | Designation | Name of the Institution & University | Period (DD/MM/YY) | | Total experience in years & months |
| From | To |
| 1 | Tutor/Junior/Resident |  |  |  |  |
| 2 | Senior resident |  |  |  |  |
| 3 | Lecturer/Assistant/ Professor. |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 20 | Present employment if any | Enclosed-Yes/No |
| 21 | Higher qualification if any & year of passing,  Whether recognized by MCI or not? |  |
| 22 | Paper presented in national/International, Conference in the last three years | Certificate Enclosed-Yes/No |
| 23 | Paper published in National/Indexed Journal as 1st or corresponding author in the last three years.(Xerox copies of first page of article to be enclosed with the indexing agency) | Copies Enclosed-Yes/No |
| 24 | WHO fellowship in the same subject |  |
| 25 | University Gold Medal (if any) |  |
| 26 | Any other information |  |
| The above information is correct and complete to the best of my knowledge and nothing has been concealed/distorted. I also certify that there are no criminal cases against me, I have not been debarred from exams/dismissed from service/blacklisted by MCI/KMC. If I am found to be 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:- Signature of the Candidate  Date:- | | |