



Government of Karnataka
DIRECTORATE OF MEDICAL EDUCATION
 Ananda Rao Circle, Bangalore-9, Email: dmekarnataka@yahoo.com.
APPLICATION FORM FOR THE POST OF DIRECTOR
Of Kidwai Memorial Institute of Oncology, Bangalore

Affix
Passport size
Photograph

(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 & 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 (supportive documents to be enclosed)						
10	Publications: National Journals : International Journals:						
11	Total years of experience as Professor						
12	Extracurricular 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)					No. of years	
14	Whether Assets & Liabilities statement filed every year for the last 5 years (Enclosed copies)						

