



ದೂರವಾಣಿ : 26700527, ಫ್ಯಾಕ್ಸ್ : 26706777

ನೆಫ್ರೋ-ಯುರಾಲಜಿ ಸಂಸ್ಥೆ

(ಕರ್ನಾಟಕ ಸರ್ಕಾರ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ ನೋಂದಣಿ ಸಂಖ್ಯೆ : 1052/03-04)

(ಉನ್ನತ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನದ ಒಂದು ಸ್ನಾತಕೋತ್ತರ ಸಂಸ್ಥೆ ರಾಜೀವ್‌ಗಾಂಧಿ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಬೆಂಗಳೂರು
ಇದರ ಅಂಗ ಸಂಸ್ಥೆಯಾಗಿದ್ದು ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಪರಿಷತ್ತಿನೊಂದಿಗೆ ಗುರುತಿಸಿಕೊಂಡಿದೆ)

ವಿಕ್ಷೋರಿಯಾ ಆಸ್ಪತ್ರೆ ಆವರಣ, ಬೆಂಗಳೂರು 560 002.

ಇ-ಮೇಲ್ : nephrourology.institute@gmail.com

ವೆಬ್‌ಸೈಟ್ : <https://nephrourology.karnataka.gov.in>

APPLICATION FORM

POST APPLIED FOR : _____

DEPARTMENT : _____

1	Name of the Candidate (In Capital Letters)		Affix your recent passport size photo	
2	Father's Name/ Mother/ Husband / Wife			
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) NOC (If working in Govt. Autonomous Institute)		
	b) MBBS Marks Card	h) KMC Registration Certificate		
	c) MBBS Degree Certificate	i) Category/ Cast Certificate with date of issue		
	d) Degree Certificate (MD/MS/ Diploma)	j) Experience Certificate		
	e) P.G. Marks Card	k) Past Relieving Orders		
	f) P.G. cum Resident certificate	l) Hyderabad Karnataka Certificate		
7	Category (please tick)	GM / SC / ST / OBC / Ct-1 / 2A / 2B / 3A / 3B / HKQ		
	Subcategory	Others		
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		
		I-MBBS-Part-II		
		Total Marks		
		Over all percentage		

10	PG Qualification MD/MS/DNB	Subject	Max. Marks	Marks Secured	Percentage
12	Teaching Experience: (do not enter Post Graduation period)				
	Designation	College/University	From	To	Total Experience
	Senior Resident or Equivalent post, Assistant Professor				
15	Paper Presentation in National / International Conferences	1) 2) 3) 4)			
16	Paper Publications	1) 2) 3) 4)			
17	Achievements in Sports				
18	Gold Medals in UG/PG/Super Specialty				

Note: Candidates should enclose copies of relevant supporting documents on all the above aspects.

Incomplete applications are liable to be rejected.

DECLARATION:

I hereby declare that all the statement / 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.

Date:

Place:

Signature of the Candidate

For Office Use only:

Remarks:

Verified By:

Signature:

Name:

Designation: