



ಕರ್ನಾಟಕ ಸರ್ಕಾರ [Web: www.vimsbellary.org.in] GOVERNMENT OF KARNATAKA

# ವಿಜಯನಗರ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಬಳ್ಳಾರಿ

VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES, BELLARY



Reg.No:205/1995-96-Recognized by Medical Council of India, New Delhi vide No:MCI-57(3)/79-Med/1912, Dtd.16-04-1979

Director: '08392-242387, PA : '08392-235201, FAX : 08392-235202, Principal : '08392-235204,

e-mail-ids : directorvimsbellary@gmail.com,

principalvimsbellary@gmail.com

No.VIMS/Est.II/100/2020-21

Date : 17.06.2020.

## APPLICATION FORM

Affix Latest  
Passport  
Size  
Photograph

No. & Date of Notification of the Institute	No.VIMS/Est(2)/100/2020-21, Dated : 17.06.2020.
Name of the Post applied for	
Réservation claimed under HK (371-j) / NKH, please specify.	
Application Fee Paid Rs.GM/OBC-Rs.1000/-, SC/ST/Cat-1- Rs.500/-	
Demand Draft No & Date	

1.	Name of the Candidate (in capital letters)	:	
2.a)	Name of the Father (In capital letters)	:	
b)	Name of the Mother (In capital letters)	:	
c)	Name of the Spouse (In capital letters)	:	
3	Place of Birth	:	Taluk : District : State :
4.	Address	:	
a)	Present address with Mobile No & e-mail id	:	
b)	Permanent address with Mobile No & e-mail id	:	



11	The candidate has to furnish No Objection Certificate issued by the respective authorities if he is employed in the Central / State Government / Organizations.  (enclose self attested copy of the NOC)	:	
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**DECLARATION OF THE CANDIDATE**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the vent of any information being found false are incorrect or ineligibility being detected before or after the selection committee, action can be taken against me by the institute as per rules and I also hereby declare that if I am selected and appointed, I will agree to work in Vijayanagara Institute of Medical Sciences, Bellary.

Place :

Signature of the Candidate

Date :

Name in capital letters.