



ರಾಯಚೂರು ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ರಾಯಚೂರು

Raichur Institute of Medical Sciences, Raichur

(ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

(Govt. Autonomous Institution)

ಹೈದ್ರಾಬಾದ್ ರಸ್ತೆ, ರಾಯಚೂರು

Hyderabad Road, Raichur



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No: RIMS/EST-1/2019-20/167

Date: 06.05.2019

INTERVIEW NOTIFICATIONS

Interview will be held at Raichur Institute of Medical Sciences, Raichur on 27.05.2019, 10.00 AM onwards for the following posts.

Sl.No.	Name of the Post	Professor	Assoc. Professor	Asstt. Professor
01	Physiology	01	-	-
02	Biochemistry	-	-	01
03	Pathology	-	-	02
04	Community Medicine	-	-	02
05	General Medicine	-	-	02
06	TB & Chest	01	01	-
07	Paediatrics	-	-	01
08	Orthopedics	-	-	02
09	OBG	-	-	03
10	Anesthesiology	-	-	02
11	Radiology	01	01	01
Total		03	02	16

Note : For the posts of TUTOR, SENIOR RESIDENTS and JUNIOR RESIDENT posts, open walk –in Interview is ongoing and will continue till these posts are filled up. Interested candidates can apply directly (Subject to availability of post) to the Director, Raichur Institute of Medical Sciences, Raichur

Roster	LC (HK)	RPC (NHK)
Professor (03)	ST-01, GM(F)-01, Cat I-01	
Associate Professor (01+01)	SC-01	GM-01
Assistant Professor (14 + 02)	ST-01, GM(F)-04, GM(R)-02, GM(PH)-01, GM(EX)-01, 2B-01, 2A(F)-01, 3A-01, 3B-01, 2A(R)-01	ST-01, GM(F)-01

Terms & Conditions :

- Reservation as per Karnataka State Govt. norms will be maintained for all the above posts.
- The candidates are instructed to register their names before 10.00 am on 27.05.2019.
- Qualification and experience as per MCI norms is mandatory.
- Original publication copies are to be produced at the time of Interview – along with two sets of attested copies.
- Candidates working in Government Sector/ Government Medical Colleges must produce “**NO OBJECTION CERTIFICATE**” from the Head of the Institution / Competent Authority in which the candidates is presently working.
- Number of posts may be either increased or decreased as per the decision of the appointing authority. This appointment shall be made as per merit cum reservation roster order of Government of Karnataka.
- The applications can be downloaded from website : www.rims-raichur.com. The applicants shall submit application form along with Rs.500/- DD (Non Refundable) in the name of **The Director, Raichur Institute of Medical Sciences, Raichur** and all filled application forms with the required documents should reach through Registered post or by hand (Muddam) to the office of the Director, Raichur Institute of Medical Sciences, Raichur on or before 4.00 P.M on 23.05.2019. The cover of the application must indicate in **BLOCK LETTERS** – The Post and Department for which the candidate is applying. Desiring candidates should attend the Interview with all the relevant original documents along with two recent passport size photographs.

For more details visit our website : www.rims-raichur.com


Director

Raichur Institute of Medical Sciences,
Raichur

RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR

APPLICATION FORM FOR THE POST OF _____

Department of _____

Notification No. RIMS/EST-1/2019-20/167

Dtd : 06.05.2019

Date of Interview : 27.05.2019 (Monday)

(Office use only) Reg. No. :



1	Name of the Candidate (in Capital letters)			
2	Subject			
3	Qualification			
4	Sex			
5	Category : SC/ ST/ Cat-I/ IA/ IIA/ IB/ IIB/ IIIA/ IIIB/ GM specify with relevant recent certificate.			
6	HK / NHK			
7	Internal Reservation 1. Rural candidate 2. Ex-service Man 3. Physically handicapped 4. Kannada Medium 5. Project Displaced	Yes () Yes () Yes () Yes () Yes ()	No () No () No () No () No ()	
8	Nationality			
10	Postal address for correspondence			
11	Mobile No.			
12	E-mail ID			
13	Name of Father / Mother / Husband / Wife			
14	Date of Birth (Enclose copy of SSLC certificate) Age :			
15	Whether studied in Kannada Medium or 1 st or 2 nd Language as Kannada upto SSLC	Yes ()	No ()	
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

18	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				
Professor and Head				
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		Enclosed : Yes / No	
21	Higher qualification if any & year of passing, Whether recognized by MCI or not			
22	Papers Presented in National Conference(s) International Conference(s) (in chronological order)		Numbers : Enclosed : Yes / No Numbers : Enclosed : Yes / No	
23	Papers Published in National Indexed Journal(s) International Indexed Journal(s) 1 st / 2 nd authorship only considered.		Numbers : Enclosed : Yes / No Numbers : Enclosed : Yes / No	
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 Medical Council of India for the year 2019-20. For any reason MCI does not grant permission I shall not claim any appointment / compensation.		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