



GOVERNMENT OF KARNATAKA
INDIRA GANDHI INSTITUTE OF CHILD HEALTH
BENGALURU -560 029

(AUTONOMOUS MEDICAL INSTITUTION)

Director : 080224 42142

CAO:080266 55064

E.Mail Address: ihealthchlid@yahoo.in

INDIRA GANDHI INSTITUTE OF CHILD HEALTH

APPLICATION FORM FOR THE POST OF DIRECTOR

Date:

(Please fill Sl. No. 1 to 4 in Capital Letters only)						Affix Recent Passport size Photograph	
1	Name of the Applicant						Affix Recent Passport size Photograph
2	Name of the Father/Mother/ Spouse						
3.	a. Permanent Address						
	b. Postal Address for correspondence						
	c. Mobile Number						
	d. E-Mail ID						
	e. Date of Appointment in the Institution (Post/Date)						
	f. Date of appointment to present post (Post/Date)						
	g. Date of declaration of probation and the designation. (Certificate to be attached)						
4.	a. Date of Birth & Age (as recorded in SSLC Certificate)						
	b. Nationality						
	c. Religion						
	d. Caste & Category						
5.	Qualification (Enclose Relevant Document)						
a.	Qualification	Marks /Grade	Percentage	Name of the College	University	Year ofPassing	
b.	MBBS						
c.	M.D./M.S.						
d.	Any Fellowship in the field of Paediatrics						

6.	Particulars of registration with State Medical Council (Enclosed Relevant Document)						
7.	Teaching Experience (Enclosed Relevant Document)						
	Designation	Period		Total No. of Years	Name of the college	Name of the University	
		From	To				
a.	Lecturer/Assistant Professor						
b.	Associate Professor						
c.	Professor						
d.	Professor & HOD						
8.	Present place of working & Designation						
9.	No. of years of administrative experience (supportive document to be attached)						
10.	Publication: (Publication to be attached)						
	National Journals:						
	International Journals:						
11.	Total years of experience as Associate Professor/Professor						
12.	Extracurricular activities : Sports/Cultural Medicals at University/State /national						
13.	Experiences as (document to be attached)				From	To	Total
	a) Dean/Director						
	b) Professor/						
	c) Professor & HOD						
14.	DD Amount, Name of the Bank, DD No						

Note : Candidate should enclosed relevant supporting documents on all the above aspects Incomplete applications are liable to be rejected.

DECLARATION

I hereby solemnly affirm that the statement made, information furnished by me in the application form and also in the enclosure (s) submitted by me are true and correct to the best of my knowledge and belief, I also hereby declare that during my previous service, I have not been subjected to the Departmental Enquiry and Punished or convicted under any criminal case. If any information furnished there in is found to be fraudulent, incorrect or untrue, I am liable for criminal prosecution and cancellation of my appointment. I agree to abide by the Rules & Regulations prescribed by the Government, and bye-laws of Indira Gandhi Institute of Child Health, Bengaluru.

Date:

Signature of candidate