



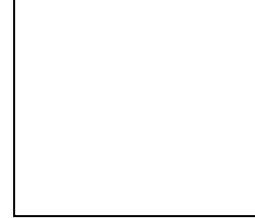
**Government of Karnataka**  
**Kodagu Institute of Medical Sciences, Madikeri.**  
Kodagu District, Karnataka



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**APPLICATION FORM FOR THE POST OF STAFF NURSE (ON STIPENDERY BASIS)**

Notificatoion No:KoIMS/EST(1)457/2015-16 Dated: 23/12/2015



1.	Name of candidate (in Capital letters)	
2.	Age & DOB (as recorded in the SSLC certificate)	
3.	Name of Father/Mother/Husband/wife	
4.	Sex	
5.	Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM Specify with recent updated certificate	
6.	Nationality	
7.	Hyderabad Karnataka local person (Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir)	Yes ( ) No ( )
7.a	If yes, Eligibility Certificate issued by Assistant Commissioner, Revenue	
8.	Present Address	
9.	Permanent Address	
10.	Particulars of the DD	
11.	Annual Income	
12.	Internal Reservation	Certificate Enclosed

	1. Rural Candidate 2. Ex Serviceman 3. Physically handicapped 4. Kannada Medium 5. Project Displaced	Yes/No Yes/No Yes/No Yes/No Yes/No																								
13.	Mobile No																									
14.	E-mail Id																									
15.	Studied Kannada as 1 <sup>st</sup> / 2 <sup>nd</sup> language in 10 <sup>th</sup> and 12 <sup>th</sup>																									
16.	Qualification  Year of Passing :  Overall Percentage (%) :	<table border="1"> <thead> <tr> <th>Year</th> <th>Max. Marks</th> <th>Marks Obtained</th> <th>Percentage %</th> </tr> </thead> <tbody> <tr> <td>First</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Second</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Third</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fourth</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Max. Marks	Marks Obtained	Percentage %	First				Second				Third				Fourth				Total			
Year	Max. Marks	Marks Obtained	Percentage %																							
First																										
Second																										
Third																										
Fourth																										
Total																										
17.	Particulars of registration with State Nursing Council to be furnished along with registration date (compulsory)																									
18.	Previous work experience (if any)																									
19.	Additional qualification (if any)																									
20.	Extracurricular activities certificate enclosed																									

Declaration:

I hereby declare that each statement and/other contents of this application submitted along with the certificates by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this application subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this application shall be treated as a gross misconduct, thereby rendering the undersigned liable for necessary disciplinary action. I abide to the bylaws of Kodagu Institute of Medical Sciences, Madikeri.

Signature of the Candidate

Date:

Place: