



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)

ವಿಜ್ಞಾನಿಯಾ ಆಸ್ಪತ್ರೆ ಆವರಣ, ಬೆಂಗಳೂರು 560 002.

ಇ-ಮೇಲ್ : [nephrourology.institute@gmail.com](mailto:nephrourology.institute@gmail.com)

ವೆಬ್‌ಸೈಟ್ : [www.nephrourology.in](http://www.nephrourology.in)

### APPLICATION FORM

POST APPLIED FOR:

NOTIFICATION NO:

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) D M / M.Ch	
	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		
7	Category (please tick)		
	Subcategory	Others	
8	Date of Birth and Age ( As per SSLC Marks Card)		

9	<b>MBBS (Year of Passing)</b>	<b>I Year to final year</b>		<b>Max. Marks</b>	<b>Marks Secured</b>	
		I-MBBS				
		II-MBBS				
		III-MBBS-Part-I				
		I-MBBS-Part-II				
		Total Marks				
		Over all percentage				
		For 85%				
10	<b>PG Qualification MD/MS/DNB</b>	<b>Subject</b>	<b>Max. Marks</b>	<b>Marks Secured</b>	<b>Percentage</b>	<b>Prorata of 85%</b>
11	Super Speciality Qualification DM/ M Ch					
12	<b>Teaching Experience:</b>					
	<b>Designation</b>	<b>College/University</b>	<b>From</b>	<b>To</b>	<b>Total Experience</b>	
	Lecture / Assistant Professor					
	Associate Professor					
	Professor					
	Professor & HOD					
13	Present status of employment (State /Govt. autonomous institutions / Education institution please specify)					
(a)	In- service 1. Place of working					
14	Other information / Achievement					
(a)	Publications in Pub Med / Index Medicos					
15	<b>Paper Presentation in National / International Conferences</b>		1)			
			2)			
			3)			
			4)			

16	<b>Paper Publications</b>	1)
		2)
		3)
		4)
17	<b>Achievements in Sports</b>	
18	<b>Gold Medals in UG/PG/Super Speciality</b>	
19	Any other relevant information	
20	Particulars of Demand Draft	D.D No.....& Dtd:.....Rs.....  Bank:

**Note: Candidates should enclose copies of relevant supporting documents on all the above aspects. Incomplete applications are liable to be rejected.**

**DECLARATION:**

I hereby solemnly and sincerely affirm that the statements made and 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. Should however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars, I am liable for criminal prosecution and I also agree to forego my post. I agree to abide by the rules and regulations prescribed for the same by the Government of Karnataka/Institute of Nephto- Urology, Bangalore.

Date:

Place:

Signature of the Candidate

For Office Use only:

Remarks:

Verified By:

Signature:

Name:

Designation:

