



Kalinga Institute of Medical Sciences
KIIT (Deemed to be University)
(Estd.: U/S 3 of UGC Act, 1956)
Bhubaneswar, Odisha, India

Application for the post of : _____
(To be filled in by candidate's own handwriting)

Affix your
recent
Photograph
in Stamp size

1. NAME IN FULL : _____
(In block letters)

2. Present Address : _____

3. Address for Communication : _____
with pin code

4. a) Mobile No. : _____
b) E-Mail ID: : _____

5. a) Age and Date of Birth : _____

6.

GENERAL EDUCATIONAL QUALIFICATION				
Sl. No.	Examinations, Degrees Passed or Obtained	Name Institution/ Specialty	Year of Passing	Percentage Scored
1.	10 + 2			
2.	MBBS			
3.	POST GRADUATION			

7. Medical Council Reg. No. _____

DECLARATION

I certify that all the information provided by me herein is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any information or circumstances which might impair my fitness for training/ employment in KALINGA INSTITUTE OF MEDICAL SCIENCES AND PRADYUMNA BAL MEMORIAL HOSPITAL (KIMS & PBMH). If at any time I am found to have concealed any material information or given any information which is not true, my training/ appointment in (KIMS & PBMH) shall be liable for summary termination without notice or compensation.

I agree that if I am selected for training/ appointed, I shall abide by the rules and regulations of the Institution and hereby undertake that I will be subject to the Constitution and Bye-laws, Council Actions, Administrative Rules and Standing Orders of the Institution as also the terms and conditions of service as they exist at the time of training/ appointment and as they may be modified from time to time by the authorities, I further agree to take up casual, temporary/ permanent duty in the discharge of the Institution's assignments anywhere if and when required.

Date.....

Signature of the Applicant

Signature of HOD/ Appointing Authority

Enclosures (Xerox Copies only)

Higher Secondary Education Certificate :

MBBS Degree Certificate

Compulsory Rotatory Internship Certificate

Medical Registration Certificate :

PG/ DNB Degree Certificate

Money Receipt (Rs. 1100/-) collected from Accounts Section, KIMS