

**SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS**  
**BYRASANDRA, BANGALORE – 560 011**  
 (Government of Karnataka Autonomous Institute)  
 Byrasandra, Jayanagar East, Bangalore-560 011  
 Ph:080-26564516, 26562500, Grams: SITO Fax: 080 26565222  
 E-mail:sitodirector@gmail.com

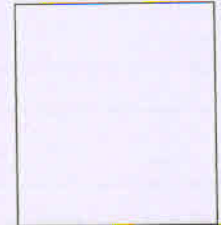
**APPLICATION FORM FOR THE POST OF DIRECTOR**

Notification No. EST(1)/Recruitment/DIR-A/90/2022-23, Date: 24.02.2023

Last date for Submission of Application is 04.03.2023 by 4.00 pm.

Interview Place, Date & Time of Interview will be intimated to the candidates later.

D.D. No. & Date:



1	Name of the Candidate (In Capital Letters)						
2	Name of Father / Mother / Husband / Wife (In Capital Letters)						
3	a	Permanent address (In Capital Letters) (Mobile No. and E-mail ID)					
	b	Postal address for correspondence (In Capital Letters)					
4	a	Date of Birth (as recorded in the S.S.L.C Certificate)					
	b	Nationality					
<b>QUALIFICATION WITH FOLLOWING DETAILS (In Capital Letters)</b>							
5	Sl. No	Qualification	Marks/ Grade etc.,	Percentage (%)	Name of the College	Name of the University	Year of Passing
	i	M.B.B.S					
	ii	M.D /M.S					
	iii	M.Ch./D.M					
	iv	Any other					
6	Particulars of registration with State Medical Council:						
<b>EXPERIENCE (In Capital Letters)</b>							
7	Designation	Period		Total No. of Years	Name of the College	Name of the University	
		From	To				
	Tutor / Demonstrator / Resident / Registrar						
	Assistant Professor / Lecturer						
	Associate Professor						
	Professor						
	Professor & HOD						
Any other							

	Note: Experience certificate / Employment certificate issued by competent authority should be enclosed with self attestation		
8	<b>Other information / Achievement</b>		
	a	Paper Published	
		i) National Journals	
		ii) International Journals	
9	<b>Sports / Cultural Activities / Medals obtained</b>		
	a	i) University Level	
		ii) State Level	
		iii) National Level	
	b	Any other Information	
10	c	The post / Designation under which the candidate was / is working	
11	<p>1. Should possess a recognized post Graduate medical qualification recognized by MCI / NMC by a recognized medical Institution with a minimum of 10 years teaching experience as Professor / Associate in autonomous government medical institutions in Karnataka.</p> <p>2. Academic Qualification shall be as per the National Medical Commission as amended from time to time.</p> <p><b>Relevant certificate for the above should be enclosed with self attestation</b></p>		
12	Whether the applicant has filed Annual Property Returns in the last 05 years		

**Declaration:** I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures (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 it however be found that any information, material particulars, furnished there in is fraudulent, incorrect or untrue, I am liable for criminal prosecution and also agree to forego my post. I agree to abide by the rules and regulations prescribed for the same by the Government / Institution.

Date:

Place:

**Signature of the applicant**

