



Government of Karnataka

BIDAR INSTITUTE OF MEDICAL SCIENCES, BIDAR.

(Autonomous Institution of Govt. of Karnataka)

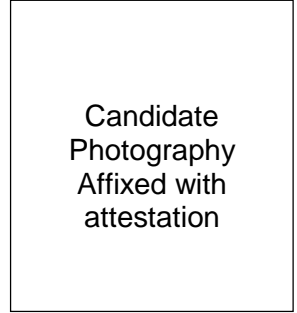
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore & Recognized by Govt. of India, New Delhi, Phone: 08482 228366 / Fax No: 08482 240322.

Website:- www.brims-bidar.in & email:- director@brims-bidar.in

Application No.

Application for the post of Sr. System Engineer / System Engineer

Application should be filled in English CAPITAL letters only



1. Applicants name as per SSLC mars card:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
2. Father's / Husband's Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
3. Date of Birth	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
4. Postal Address:		5. Marital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/>																																							
<hr/>		6. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>																																							
<hr/>		7. Rural Candidate Yes <input type="checkbox"/> No <input type="checkbox"/>																																							
<hr/>		8. Kannada Medium Yes <input type="checkbox"/> No <input type="checkbox"/>																																							
<hr/>		9. Ex-Serviceman Yes <input type="checkbox"/> No <input type="checkbox"/>																																							
Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					10. Project effected person Yes <input type="checkbox"/> No <input type="checkbox"/>																				
11. Physical Handicap Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Hyderabad Karnataka Local Candidate Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
13. Widow Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Re-married Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
15. If married having more than one husband / wife Yes <input type="checkbox"/> No <input type="checkbox"/>																																									
16. A) Reserved Category	Cat-I <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> GM <input type="checkbox"/>																																								

B) Annual income of the family
(Parents/Wife/Husband from all sources)

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C) Date of Issue:
Category / Income Certificate

17. Religion Caste Sub Caste

18. Have you studied in Karnataka from 1st Std. to 10th Std. Yes No

19. Kannada language studied in SSLC / Equivalent Exam Yes No

20. Name of Presently employed at (if any)

21. Place of employment

22. Total Experience

23. Physical Identification Marks
1)
2)

24. Qualification

SL	Name of Degree	Year of passing	Total marks	Aggregate of Marks Secured	%
1					
2					
3					
4					
5					

25. Experiences

SL	Name of Organisation	Designation	Place of working	Period of Working	Years of experience

26. Attested copies of exam passed and other documents should be enclosed with the application.

Candidates Declaration

I hereby declare that I have enclosed all the documents for the above post and all the information provided by me through this application are true and correct to the best of my knowledge and belief. If any information given above is found to be false prior or after the employment, I am liable to be prosecuted.

Date:

Candidates signature:

Place:

Name: