

**CHECKLIST FOR THE POST OF \_\_\_\_\_.**

Ticking ( ✓ ) the Certificate attached and enclosing the checklist along with the application is **Mandatory by the Candidate .**

**Duly filled Original application along with the photocopies of the following relevant documents to be submitted.**

<b>Sl. No.</b>	<b>Documents to be submitted</b>	<b>Tick</b>
1	Original Demand Draft (D.D.) Rs. (Application fee + service fee)	
2	SSLC Marks Card	
3	GNM Nursing Certificate / B.Sc Nursing Marks Card	
4	KNC Registration Certificate	
5	Additional qualification if any	
6	Experience certificate	
7	Cast Certificate.	
8	Cast Income Certificate.	
9	Hyderabad Karnataka quota certificate	
10	Recent pass port size Photographs	

Signature of the candidate

Signature of the receiving officer

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ಕರ್ನಾಟಕ ಸರ್ಕಾರ



KOPPAL

# ಕೊಪ್ಪಳ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ (ರಿ), ಕೊಪ್ಪಳ

KOPPAL INSTITUTE OF MEDICAL SCIENCES (R), KOPPAL

ನೋಂದಣಿ ಸಂಖ್ಯೆ:KOL-S243-2012-13 ದಿನಾಂಕ:15-03-2013

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ)

Website : www.kimskoppal.kar.nic.in

email :directorkimskoppal@gmail.com

Director : 08539 225944

Fax:08539 225944

Med. Suptd : 08539 225022

No: KIMS, Koppal/Est-II/ 48 /2015-16

Dated:20/10 /2015

## APPLICATION FORM FOR THE POST OF STAFF NURSE

Notification No.

1	Name of candidate (in capital letters)/ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು	
2	Date of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ	
3	Gender ಲಿಂಗ	
4	Place of Birth/ ಹುಟ್ಟಿದ ಸ್ಥಳ	
5	Nationality / ಪೌರತ್ವ	
6	Religion / ಮತ	
7	Category, SC/ST, Cat-I/IA/IIA/IB/IIB/IIIA/IIIB/GM specify with certificate/ಮೀಸಲಾತಿ ಪ್ರಮಾಣ ಪತ್ರ	
8	Are you a Hyderabad Karnataka local person?(Bidar, Gulbarga, Bellary, Koppal, Raichur and Yadgir)/ ನೀವು ಹೈದರಾಬಾದ್ ಕರ್ನಾಟಕದ ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಯೇ?	Yes/ No
9	If yes,Eligibility Certificate issued by Assistant Commissioner, Revenue Department /ಹೌದಾದರೆ, ಹೈದರಾಬಾದ್ ಕರ್ನಾಟಕದ ಮೀಸಲಾತಿ ಪ್ರಮಾಣ ಪತ್ರ	
10	Particular s of registration with state nursing council has to be furnished (If applicable) ಕರ್ನಾಟಕ ನರ್ಸಿಂಗ್ ಕೌನ್ಸಿಲ್ ಪ್ರಮಾಣ ಪತ್ರ	
11	Annual Income of the parents from all sources /ಆದಾಯ ಪ್ರಮಾಣ ಪತ್ರ	
12	Caste /ಜಾತಿ	
13	Sub – caste / ಉಪಜಾತಿ	
14	Postal address for correspondence including your full name (ಅಂಚೆ ವಿಳಾಸ)	
15	Contact Number/ದೂರವಾಣಿ ಸಂಖ್ಯೆ	

	Residence: Mobile No:			
16	Qualification Details (ವಿದ್ಯಾರ್ಹತೆ)			
Sl no.	Qualification	Marks	Percentage	Name of the college & University with year of passing
17	Experience /ಸೇವಾನುಭವ			
18	Service fee / (ಸೇವಾಶುಲ್ಕ)			
19	DD Details (includes application fee & service fee) (No, date & Bank)			

I certify that the above Information is correct and complete to the best of my knowledge and nothing has been concealed/distorted also certify that there are no criminal cases against me, I have not been debarred From exams/dismissed from service/blacklisted by KNC. If I am found to have concealed/distorted/factually submitted wrong information, my appointment shall be liable to termination without notice/compensation. I shall not claim TA/DA or any compensation for attending the interview.

Place:  
Date:

Signature of the Candidate