



# MANGALORE UNIVERSITY

Mangalagangothri – 574 199, D.K. District, Karnataka

## APPLICATION FOR THE POST OF MEDICAL OFFICER/LADY MEDICAL OFFICER ON TEMPORARY BASIS

(To be submitted along with all enclosures)

AFFIX RECENT  
PASSPORT SIZE  
PHOTOGRAPH

1. Name of the Post :-----  
(in Block letters)

### 2. Personal Details :

<b>Name :</b> (in Block letters)						
<b>Nationality</b>					<b>Mother tongue :</b>	
<b>Date of Birth</b>			<b>Age as on the last date of application</b>		<b>Sex</b>	
<b>DD</b>	<b>MM</b>	<b>YY</b>				
Name of Mother						
Name of Father						
Marital Status						
Name of Spouse						

### 3. Category :

Category Claimed	GM	SC	ST	CAT-I	II-A	II-B	III-A	III-B
Caste								
Sub-caste								
Horizontal Reservation	<b>Woman</b>		<b>Rural</b>		<b>Person with Disabilities</b>		<b>Ex. Servicemen</b>	

Note : Enclose Certificate issued by the Competent Authority. Application without required certificate will be considered under GM Category.

**4. Address (in Block letters) :**

<b>a. For Communication</b>	Mr./Ms./Dr. .... ..... ..... ..... ..... ..... .....PINCODE:..... Telephone No. with STD Code :..... Mobile No: ..... e-mail: .....
<b>b. Permanent</b>	Mr./Ms./Dr. .... ..... ..... ..... ..... ..... .....PINCODE:..... Telephone No. with STD Code :..... Mobile No: ..... e-mail: .....

**5. Academic Qualifications (Starting from the highest qualification) :**

Degree	Name of the University / Board	Year of Passing	% of marks	Division/ Class/ Grade

**6. Details of Experience:**

<b>Sl. No.</b>	<b>Name of the Institution</b>	<b>From</b>	<b>To</b>

**7. Other Relevant Information if any :**

**DECLARATION**

I hereby declare that all information given in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated. I hereby agree to and abide by the rules and regulations of the University.

Place:\_\_\_\_\_

Date:\_\_\_\_\_

*Signature of the Candidate*

**List of Enclosures to this application:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

*Signature of the Candidate*