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|---|--|--|--------------|---|
|  ಕರ್ನಾಟಕ ಸರ್ಕಾರ | ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ [ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಒಂದು ಸ್ವಾಯತ್ತ ಸಂಸ್ಥೆ] ಕೆ. ಆರ್. ರಸ್ತೆ, ಕೋಟೆ, ಬೆಂಗಳೂರು - 560 002. ಫೋನ್: 080-2670 0810. ಇಮೇಲ್: director_bmeri@yahoo.co.in ಅಂತರ್ಜಾಲ: https://bmcribengaluru.karnataka.gov.in/ |  ಬೆಂವೈವಿಸಂಸಂ | | |
| ಸಂಖ್ಯೆ: ಬೆಂವೈವಿಸಂಸಂ/ಸಿ3/ಎ/04/2021-22 ಬೆಂಗಳೂರು, ದಿನಾಂಕ:24.08.2021 | | | | |
| ತಾತ್ಕಾಲಿಕವಾಗಿ ಗುತ್ತಿಗೆ ಆಧಾರದ ಮೇಲೆ ಕ್ಷ-ಕಿರಣ ಸಹಾಯಕ ಹುದ್ದೆಯನ್ನು ಭರ್ತಿ ಮಾಡಲು ಪ್ರಕಟಣೆ | | | | |
| ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ಮತ್ತು ಅಧೀನದ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಕ್ಷ-ಕಿರಣ ಸಹಾಯಕ ಹುದ್ದೆಗಳನ್ನು ಗುತ್ತಿಗೆ ಆಧಾರದ ಮೇಲೆ ಭರ್ತಿ ಮಾಡಲು ಅರ್ಜಿಗಳನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದೆ. | | | | |
| ಕ್ರ.ಸಂ | ಹುದ್ದೆ | ಸಂಖ್ಯೆ | ಸಂಚಿತ ವೇತನ | ವಿದ್ಯಾರ್ಹತೆ ಹಾಗೂ ಮಾನದಂಡ |
| 1 | ಕ್ಷ-ಕಿರಣ ಸಹಾಯಕ (Dark Room Assistant) | 04 | Rs.12,750 /- | <ul style="list-style-type: none"> • SSLC Pass with + 2 years trained or experience in X-ray department • Preference will be given for Diploma in X-Ray Technician Candidates |
| ಈ ಪ್ರಕಟಣೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅರ್ಜಿಯನ್ನು ಈ ಸಂಸ್ಥೆಯ ಅಂತರ್ಜಾಲ https://bmcribengaluru.karnataka.gov.in/ ನಲ್ಲಿ ಪಡೆದು ಭರ್ತಿ ಮಾಡಿ ಸಂಸ್ಥೆಯ ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್ ರವರ ಆಪ್ತ ಶಾಖೆಗೆ ಕೊನೆಯ ದಿನಾಂಕ:30.08.2021 ಸಂಜೆ 5.00 ಗಂಟೆಯೊಳಗೆ ಸಲ್ಲಿಸುವುದು. | | | | |
| ಸಹಿ/- ನಿರ್ದೇಶಕರು ಹಾಗೂ ಡೀನ್, ಬೆಂವೈವಿಸಂಸಂ, ಬೆಂಗಳೂರು. | | | | |

BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BENGALURU

Application form for the post of Dark Room Assistant (On Contractual Basis)

Notification No: BMCRI/Est03/A/04/2021-22, Dated:24.08.2021

Last date for receiving application :30.08.2021 before 5.00 pm

Salary : Rs.12,750/- per month

Affix a
Recent Pass
port Size
photo here

Duly Filled Application should be submitted to the Personal Section of Director cum Dean

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|-------------------------------------|---|---|----|-------------------------------------|----|-------|--------------|--|------------|----|-------|----|----|----|----|----|----|-------|--|--|--|--|--|--|--|--|--|--|
| 1 | Name of the candidate (in capital letters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Qualifications prescribed for the post | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sex | | Male | | | | Female | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Category: | <table border="1"><tr><td>SC</td><td>ST</td><td>Cat-I</td><td>2A</td><td>2B</td><td>3A</td><td>3B</td><td>GM</td><td>HK</td><td>Other</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | SC | ST | Cat-I | 2A | 2B | 3A | 3B | GM | HK | Other | | | | | | | | | | |
| SC | ST | Cat-I | 2A | 2B | 3A | 3B | GM | HK | Other | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Postal address for correspondence: | | Mobile No: | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pin code: | | Aadhar no: | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Name of Father/Mother/Husband/wife | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Date of Birth as recorded in the S.S.L.C. certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Indicate Kannada Language in SSLC or equivalent examination 1 st , 2 nd or 3 rd Language. | | 1 st Language Kannada | | 2 nd Language Kannada | | 3 rd Language Kannada | | | Marks scored | | Max. Marks | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Details of the Qualifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sl. No. | Qualification | Total Marks Obtained | Percentage | Name of the College & University & year of passing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 | Experience of previous appointments. | | | | |
|----|--|------------------------|----|--------------------------|--|
| | Designation | Period (DD/MM/YYYY) | | Total no. of years | Name of the Institute / College & University |
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 12 | Higher qualification if any & year of passing, from the recognized Institute / University / College. | | | | |
| 13 | Present employment if any | | | | |
| 14 | Other information | | | | |
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NOTE:-

- 1. With application attested copies of relevant documents if not enclosed, the application will be rejected.**
- 2. Candidate should produce all original Marks cards & other related original documents at the time of Interview / reporting for duty.**

-:DECLARATION:-

I declare that the above furnished information is true and correct to the best of my knowledge and belief. If any of the information furnished above is found to be false or incorrect, I shall be liable to civil / criminal action by instruction or Government of Karnataka as per law.

Place:

Date:

Signature of the Candidate