

GOVT MEDICAL COLLEGE....., TELANGANA STATE- 2024

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR /
ASSISTANTPROFESSOR/SENIOR RESIDENT/TUTOR

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

SPECIALITY/DEPARTMENT: _____

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's Name _____
3. Date of Birth & Age: _____
4. Sex: Male/Female
5. Community : _____
6. Physically Handicapped Category : _____
7. Contact Particulars: E-mail address: _____
Mobile Number: _____

8. (a) Present Residential Address :

(b) Permanent Residential Address:

7 (a) My PAN Card No. is _____.

(b) My Aadhar Card No. is _____.

8. Local / Non Local (Specify): _____

9. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

| Qualification | College | University | Year | Registration No. with date | Name of the State Medical Council | Marks in percentage |
|------------------------------|---------|------------|------|----------------------------|-----------------------------------|---------------------|
| MBBS | | | | | | |
| MD/MS/DNB Subject : _____ | | | | | | |
| DM/MCH | | | | | | |

10. Details of the teaching experience till date: (Please attach attested copies of experience Certificates)

| Designation | Department | Name of Institution | From DD/MM/YY | To DD/MM/YY | Total Experience in years & months |
|---------------------|------------|---------------------|---------------|-------------|------------------------------------|
| Junior Resident | | | | | |
| Senior Resident | | | | | |
| Tutor | | | | | |
| Assistant Professor | | | | | |
| Associate Professor | | | | | |
| Professor | | | | | |

11. Research Experience: **Number of papers**

| Published | | Accepted for publication (apart from published) | |
|-----------|-------------|---|-------------|
| Indexed | Non Indexed | Indexed | Non Indexed |
| | | | |

Please provide a list of all your scientific publications in chronological order providing details of Original articles and whether indexed / non-indexed:

| Sl. No. | Particulars of Article (Name of article and Journal) | Year of Publication | Designation in the article | Indexing agency | Authorship 1 st /2 nd / Corresponding |
|---------|---|---------------------|----------------------------|-----------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

14. (a) Present employment/post held : _____

(b) Name of Present Medical College : _____

NOTE:

1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF WALK IN INTERVIEW.

| S.No | Particulars of enclosures | Yes/No |
|------|--|--------|
| 1. | SSC Certificate/ Birth Certificate (Proof of Age) | |
| 2. | Study/ Bonafide certificate (1 st to 7 th Class) | |
| 3. | MBBS degree | |
| 4. | M.D/M.S/ D.N.B/DM/MCH Certificate | |
| 5. | MBBS Registration & Additional Registration with TS Medical Council Certificate/s ** Outside state candidates, subject to getting registration from Telangana State Medical Council within one week of selection, the appointment will then be confirmed | |
| 6. | Copy of experience certificate for all teaching appointments held | |
| 7. | Recent Passport size colour photo | |
| 8. | Aadhar Card | |
| 9. | PAN Card | |
| 10. | Copies of Publications with proof of Indexation | |
| 11. | Community Certificate issued by competent authority | |
| 12. | Physically Handicapped Certificate | |

DECLARATION BY THE CANDIDATE

(Post applied for _____)

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons there of I am not aware of any circumstance which might impair my fitness for employment.

Date:

Signature of the candidate

Place: