



GOVERNMENT MEDICAL COLLEGE, RAJANNA SIRCILLA.

NAME OF THE POST: Civil Assistant Surgeon (M.B.B.S)

SPECIALITY/DEPARTMENT:

01. Full Name (BLOCK LETTERS):-

02. Father's/Husband's Name: -

03. Date of Birth & Age: -

04. Sex: Male/Female: -

05. Community: -

06. Physically Handicapped Category: -

07. Contact Particulars: (a) E-mail address: -

(b) Mobile Number: -

(a) Present Residential Address: -

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(b) Permanent Residential Address: -

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08. (a) My PAN Card No. is.

(b) My Aadhar Card No. is.

09. Local / Non Local (Specify):-

10. 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						

Paste Here
Latest Self
Attested
Photograph

11. Details of the 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 / JR					
CAS (If any)					
CAS Specialist (If any)					

14. (a) Present Employment/Post Held :

(b) Name of Present Medical College /Hospital:

NOTE:

- Incomplete Application will not be entertained.**
- 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.	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	
5.	Copy of experience certificate	
6.	Recent Passport size colour photo	
7.	Aadhar Card	
8.	PAN Card	
9.	Community Certificate issued by competent authority	
10.	Physically Handicapped Certificate (if applicable)	

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 thereof I am not aware of any circumstance which might impair my fitness for employment.

Date:

Signature of the candidate

Place: