APPLICATIONFORM

Nameof thePost : PROFESSOR/ASSOC.PROFESSOR/ASST.PROFESSOR/ SENIORRESIDENT/CASSPECIALISTUNDERICU_____

PASTEHERE LATESTSELF ATTESTED PHOTOGRAPH

1. FullName(BLOCKLETTERS):_____
2. Father's/Husband's Name_____
3. DateofBirth&Age:_____
4. Gender:Male/Female
5. Community:_____
6. PhysicallyHandicapped(ifapplicable,mention):_____
7. Contact Particulars : E-mail Address:_____ _____Mobile Number:_____

8. (a)PresentResidentialAddress : _____

_____

_____

(b)Permanent Residential Address : _____

_____

_____

9. (a)PANCardNumber : _____

(b)AadhaarCardNumber : _____

10. Local/Non-Local(Specify) : _____
11. EducationalQualifications:

(Pleaseattachattestedcopiesofcertificates/degreessupportofyourqualifications)

Qualification	College	University	Year	Registration No.withdate	Name of the Statemedical Council	Marksin percentage
MBBS						
MD/MS/DNB subject:						

12. Detailsoftheteachingexperiencetill:(Pleaseattachattestedcopiesof experience Certificates)

Designation	Department	Nameofthe Institution	From DD/MM/YYYY	To DD/MM/YYYY	Total Experience in years &Months
Junior Resident/PG					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

11.ResearchExperience: Numberof papers

Published		Acceptedforpublication(apartfrom published)	
Indexed	Non Indexed	Indexed	Non Indexed

Pleaseprovidealistofallyourscientificpublicationsinchronologicalorderprovidingdetailsof original articles and whether Indexed/Non-Indexed:

Sl. No	ParticularsofArticle(Nameof article and Journal)	Year of Publication	Designation in thearticle	Indexing agency	Authorship $1^{st}/2^{nd}$/Corres ponding.
1.					
2.					
3.					
4.					
5.					
6.					

14.(a)Presentemployment/post held :_____

(b)NameofPresentMedical College:_____

NOTE:

1. INCOMPLETEAPPLICATIONWILLNOTBEENTERTAINED.
2. SUBMITALONGWITHAPPLICATION,NEATTESTEDPHOTOCOPIESOF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF COUNSELLING.
3. Forsubmissionviaemail,scannedcopyofapplicationformsand relevant copiestobe sent

S.No	Particularsof enclosures	Yes/No
1	SSCCertificate/ BirthCertificate(ProofofAge)	
2	Study/ Bonafide Certificate(1st to 7th Class)	
3	MBBSDegree	
4	M.D/M.S/D.N.BCertificate	
5	MBBS Registration & Additional Registration with TS Medical Council Certificate/S**Outside state candidates, subject to getting registration from TelanganaStateMedicalCouncil withinoneweekofselection,theappointmentwill then be confirmed	
6	Copyofexperiencecertificateforallteachingappointments held	
7	RecentPassportsizecolorphoto	
8	AadhaarCard	
9	PANCard	
10	CopiesofPublicationswithproof of Indexation	
11	CommunityCertificateissuedbycompetentauthority	
12	PhysicallyHandicappedCertificate	

DECLARATIONBYTHECANDIDATE

(Postapplied 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 ofany miss - statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any noticetomeorreasonsthereofIamnot awareofanycircumstancewhichmight impair my fitness for employment.

Date: Signatureof thecandidate

Place: