### GOVT MEDICAL COLLEGE, NIRMAL, TELANGANA STATE APPLICATION FORM FOR CONTRACTUAL APPOINTMENT

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

PASTE
HERE<u>LATEST</u>
<u>SELF</u>
<u>ATTESTED</u>PH
OTOGRAPH

SPE	CIALITY/DEPARTMENT:					
	Full Name (BLOCKLETTERS):					
	Father's/Husband's Name		_			
3.	Date of Birth & Age:		_			
4. S	Sex: Male/Female					
5. C	Community :					
6. P	Physically Handicapped Category :					
7.	Contact Particulars: E-mail address:					
	Mobile Number:					
8. (a)	Present Residential Address:					
(b)Pe	ermanent Residential Address:					
	My PAN Card No. is b) My Aadhar Card No.					
8. Lo	cal / 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	Decearch	Experience	·Numbere	f nanore
11.	nesearch	EXDELIENCE	.Nullibel C	ii babeis

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:

SI. No.	Particulars of Article (Name of article and Journal)	Year of Publication	Designation in the article	Indexing agency	Authorship 1st / 2nd/ 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 PHOTO COPIES 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 <sup>st</sup> to 7 <sup>th</sup> Class)	
3.	MBBS degree	
4.	M.D/M.S/D.N.B/DM/MCH Certificate	
	MBBS Registration & Additional Registration with TS Medical Council Certificate/s	
5.	** Outside state candidates, subject to getting registration from Telangana	
J.	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	1
material, fact or factual information. I understand that any mis-statement/discrepancy in the particulars being	hereby declare that the above of my knowledge and belief. I have not suppressed any at my candidature is liable to be rejected in the event of ag detected and after my appointment in such an event, notice to me or reasons thereof I am not aware of any yment.
Date: Place:	Signature of the candidate