

GOVERNMENT MEDICAL COLLEGE, NIRMAL, TELANGANA STATE
Name of the Post: Senior Resident/CAS

1. Full Name (Block Letters): _____

2. Father/Husband Name: _____

3. Age & Date of birth: _____ (Years) ____ / ____ / _____

4. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport

copy Number: _____

Issuing Authority: _____

Attach a passport size
color photo

a. Department: _____

b. City/District: _____

5. Social Status: _____

6. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

7. Contact details: _____

a. Mobile Phone Number: _____

b. Email address: _____

8. Have you attended the 'Basic Course Workshop' for training in MET: Yes/ No.

9. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council	Total Marks Obtained with Percentage
MBBS					
MD/MS					
DM/MCh					
PhD					

10. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			____/____/____	____/____/____	(y) (m)
Senior Resident			____/____/____	____/____/____	(y) (m)
Tutor			____/____/____	____/____/____	(y) (m)

11. Number of Research articles in Indexed Journals:

a. International Journals: _____

b. National Journals: _____

c. State/Institutional Journals: _____

DECLARATION BY THE CANDIDATE (Post applied for)

(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: _____

Place: _____

(Signature of the Faculty)

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes/No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes/No
3.	Certified copy of Appointment order of the present Institute.	Yes/No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card	Yes/No
5.	Joining report at the present institute.	Yes/No
6.	SSC Marks Memo	Yes/No
7.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes/No
8.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes/No
9.	Marks memos of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes/No
10.	Copy of experience certificates of all teaching appointments before joining present post.	Yes/No
11.	Relieving order from the previous institution/posting.	Yes/No
12.	Copy of PAN Card	Yes/No
13.	Form 16A (downloaded from TRACES) for FY 2022-23 (Assessment Year 2023-24)	Yes/No
14.	Letterhead (in case of teachers who are practicing)	Yes/No
15.	Copy of letter from affiliating University recognizing as UG teacher	Yes/No
16.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes/No
17.	Copy of Aadhar Card	Yes/No
18.	Bonafide 1 st to 10 th class	