

**Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR /
ASSISTANTPROFESSOR/ CAS (ICU) SPECIALIST /
SENIOR RESIDENT**

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:

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

(b) My Aadhar Card No. is _____.

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

11. 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 StateMedical Council	Marks in percentage
MBBS / M. Sc						
MD/MS/DNB/ Ph.D. Subject: _____						
DM/MCH						

12. 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					

13. 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 ACCEPTED.
2. ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS SHOULD BE SUBMITTED AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF WALK IN INTERVIEW.

- Self-attested Aadhar Card and PAN card Xerox Copies.
- Proof of Date of Birth (SSC/Birth certificate).
- Study/ Bonafide certificates 1st to 7th class.
- MBBS and MD/MS/DNB Degree certificate.
- MBBS and MD/MS/DNB Degree Marks Transcript.
- MBBS Registration from Telangana State Medical Council, Additional PG Qualification registration from Telangana State Medical Council only (**without registration application will be rejected**). ** Non-Local candidates should get their qualification registered from Telangana State Medical Council within one week of selection, for their appointment to be confirmed.
- Relieving orders from the previous institute.
- SR Completion certificate mandatory for candidates, who have completed their Post-Graduation after **June -2017**.
- Copy of experience certificate from the State Government Hospitals / Institutions / Programmes on contract basis appointments.
- Senior Resident Experience Certificate (in case of Assistant Professor)
- Copies of Publications with proof of Indexation
- Recent Passport size color photo
- Copies of Publications with proof of Indexation
- Community Certificate issued by competent authority
- 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: