

**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 State Medical 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 <sup>st</sup> /2 <sup>nd</sup> / 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 1<sup>st</sup> to 7<sup>th</sup> 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: