

GOVERNMENT MEDICAL COLLEGE \_\_\_\_\_,  
TELANGANA

PASTE HERE  
LATEST  
SELF ATTESTED  
PHOTOGRAPH

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/ ASSISTANT  
PROFESSOR/TUTOR

SPECIALITY/DEPARTMENT: \_\_\_\_\_

1. Full Name (BLOCK LETTERS): \_\_\_\_\_
2. Father's/Husband's Name \_\_\_\_\_
3. Date of Birth & Age: \_\_\_\_\_
4. Sex: Male/Female
5. Contact Particulars: E-mail address: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

6. (a) Present Residential Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Permanent Residential Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 (a) My PAN Card No. is \_\_\_\_\_.

(b) My Aadhar Card No. is \_\_\_\_\_.

8. Local: Telangana/ Andhra: \_\_\_\_\_ Non/Local:

\_\_\_\_\_

9. Date of appearance in Last MCI - UG/PG/ Any Other Assessment \_\_\_\_\_ in which  
college \_\_\_\_\_

10. Whether you have retired from Government Medical college - Yes / No

If Yes, Designation \_\_\_\_\_

Name of College: \_\_\_\_\_

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 |
|------------------------------|---------|------------|------|----------------------------|-----------------------------------|
| MBBS                         |         |            |      |                            |                                   |
| MD/MS/DNB<br>Subject : _____ |         |            |      |                            |                                   |

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<br>(Recognized Medical College) |            |                     |               |             |                                    |
| Senior Resident<br>(Recognized Medical College) |            |                     |               |             |                                    |
| 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       |   |                     |                            |                 |   |
| 7       |   |                     |                            |                 |   |
| 8       |   |                     |                            |                 |   |

14. (a) Present employment/post held : \_\_\_\_\_

(b) Name of Present Medical College : \_\_\_\_\_

Date:

Signature of the candidate

Place:

**NOTE:**

1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW

| S.No | Particulars of enclosures   | Yes/No |
|------|---|--------|
| 1.   | SSC Certificate/ Birth Certificate (Proof of Age)   |        |
| 2.   | Study/ Bonafide certificate (4 <sup>th</sup> to 10 <sup>th</sup> Class)   |        |
| 3.   | MBBS degree   |        |
| 4.   | M.D/M.S/ D.N.B Certificate  |        |
| 5.   | MBBS Registration & Additional Registration with Medical Council Certificate/s ** Outside state candidates, subject to getting registration from Telangana 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.   | Photo ID proof issued by Govt. Authorities :<br>Passport / Voter ID   |        |
| 9.   | PAN Card and Aadhar Card  |        |
| 10.  | Copies of Publications with proof of Indexation   |        |

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_ at  
\_\_\_\_\_).

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: