GOVERNMENT MEDICAL COLLEGE/GOVERNMENT GENERAL HOSPITAL SIDDIPET

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR OF VARIOUS SPECIALITIES AND CIVIL ASSISTANT SURGEON ON CONTRACT BASIS

APPLICATION FORM

REGISTRATION NO			
(TO	(TO BE FILLED BY THE OFFICE)		
POS	T APPLIED FOR		
1	Name of the Candidate		
2	Name of Father		
3	Gender (Male/Female)		
4	Date of Birth		
5	Social Status		
	(OC,BC A,B.C.D.E.)S.C. S.T.		
6	Adhaar No.		
7	Whether Physically		
	Handicapped (Yes/No)		
8	If Yes Please mention category		
	(VH/HH/PH)		
9	Whether Ex-Service		
	man/Women (Yes/No)		
10	Mobile No.		
11	Local Status (Local/Non		
	Local0 as per the definition of		
	PO2018		

DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS

Class	Year of Passing	Name of the Studying Village/Mandal	District in which studied
I			
II			
III			
IV			
V			
VI			
VII			

Note: Study certificates from I to VII should be enclosed, otherwise candidate will be treated as Non- Local

EDUCATIONAL QUALIFICATIONS AN MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying	Year of Passing	Total Marks	Marks	% of Marks
Examination			Obtained	Obtained

ADDRESS PARTICULARS FOR COMMUNICATION

Name	:
Father Name	:
House No.	:
StreetNo.	:
Village/Town	•
District	•
Pin	•
Mobile No /Phone No	•

DETAILS OF ENCLOSEERS

Sl.No.	Copy of the Certificate	Enclosed Yes/No.
1	SSC Certificate	
2	Study Certificates fro I to VII	
3	Registration of PG/DNB/MBBS	
	Degree with TS Medical Counsel	
4	Marks List of PG/DNB/MBBS(All	
	Marks memos)	
5	Copy of Degree Certificates	
	1. MBBS	
	2.Post Graduate MD/MS/DNB	
6	Disability Certificate issued by the	
	Concerned Medical	
	Board/SADARAM	
7	Senior Resident Completion	
	Certificate	
8	Adhaar Card	
9	Proof of Ex-Servicemen	

DECLARATION

I	Smt/Kum/Sri	D/O	S/o
Certify that above	particulars furnished by me are	correct to the be	est of my knowledge and
I also agree that in	the event of any of the particula	ars furnished in	my application being
found to be incorre	ect or false at later date my cand	lidature will be ca	ancelled summarily.