

APPLICATION FROM

GOVERNMENT MEDICAL COLLEGE _____
TELANGANA

PASTE
HERE LATEST
SELF PASTED
PHOTOGRAPH

Name of the Post: _____

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 _____

Education qualification:

(Please attach attested copies of certificates / degrees in support of your qualifications)

Qualification	College	University	Year	Registration No.withdate	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject: _____					

12. Details of the teaching experien cetilldate:(Please attach attested copies of experience Certificate)

Designation	Department	Name ofInstitu te	FromDD/M M/YY	ToDD/MM/ YY	Total Experience in year&months
Junior Resident (Recognized / Permitted Medical College)					
Senior Resident (Recognized/ Permitted Medical College)					
Tutor					
Assistant Professor					

13. Research Experience: Number of papers

Published		Accepted for publication (apart from published)	
Indexed	Non Indexed	Indexed	Non Indexed

Please provide alist 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					
7					

14.(a)Present employment /post held:_____

(b)Name of Present Medical College:_____

Date:

Signature of the candidate

Place:

Note:

1. **IN COMPLETE APPLICATION WILL NOT BE ENTERTAINED**
2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTO COPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW**

Sl.No.	Particulars of enclosures	Yes/No
1	SSC Certificate /Birth Certificate (Proof of Age)	
2	Study/Bonafide certificate (4 th to 10 th Class)	
3	MBBS degree	
4	M.D/M.S/D.N.B Certificate with Marks memo	
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: Passport/Voter ID	
9	PAN Card and Aadhar Card	

10	Copies of Publications with proof of Indexation	
11	Proof of Social Status	
12	SR Completion Certificate	

**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, factor 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: