

**APPLICATION FROM**

**GOVERNMENT MEDICAL COLLEGE \_\_\_\_\_**  
**TELANGANA**

PASTE HERE  
LATEST  
SELF  
ATTESTED  
PHOTOGRAPH

**Name of the Post:** \_\_\_\_\_

**Multizone: I / II / Other state**

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

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

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

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

10. Education qualification:

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

<b>Qualification</b>	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject: _____					

11. Details of the teaching experience till date: (Please attach attested copies of experience Certificate)

Designation	Department	Name of Institute	From DD/MM/YY	To DD/MM/YY	Total Experience in year & months
Junior Resident (Recognized / Permitted Medical College)					
Senior Resident (Recognized/ Permitted Medical College)					
Tutor					
Assistant Professor					

12. Research Experience: Number of papers

<b>Published</b>		<b>Accepted for publication (apart from published)</b>	
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					

13.(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 MENTIONEDBELOW**

Sl.No.	Particulars of enclosures	Yes/No
1	SSC Certificate/ Birth Certificate (Proof of Age)	
2	Study/ Bonafide certificate (4th to 10th 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, 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: