

GOVT MEDICAL COLLEGE, MAHESHWARAM, RANGAREDDY DISTRICT  
TELANGANA STATE- 2024

PASTE  
HERE LATEST  
SELF  
ATTESTED PHOTOGRAPH

Application for the Post of : \_\_\_\_\_

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

1. Full Name(BLOCKLETTERS): \_\_\_\_\_
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:

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

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

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

8. Local / Non Local (Specify): \_\_\_\_\_

9. 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   |         |            |      |                            |                                   |                     |
| MD/MS/DNB<br>Subject: _____                  |         |            | 1    |                            |                                   |                     |
| Degree / Diploma<br>B.Sc MLT or DMLT<br>/SSC |         |            |      |                            |                                   |                     |

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

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

**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 AT TIME OF WALK IN INTERVIEW.

| S.No | Particulars of enclosures   | Yes/No |
|------|---|--------|
| 1.   | SSC Certificate/Birth Certificate (Proof of Age)  |        |
| 2.   | Study/Bonafide certificate (1 <sup>st</sup> to 7 <sup>th</sup> Class)   |        |
| 3.   | MBBS Degree Certificates  |        |
| 4.   | M.D/M.S/D.N.B Certificate   |        |
| 5.   | MBBS Registration & Additional Registration with TS 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.   | Recent Passport size colour photo   |        |
| 7.   | Aadhar Card   |        |
| 8.   | PAN Card  |        |
| 9.   | Community Certificate issued by competent authority   |        |
| 10.  | Physically Handicapped Certificate  |        |

**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:

**Note: Demand Draft / Banker Cheques in favor of, Principal, GMC Maheshwaram  
SBI Current Account No. 42894077278, IFSC : SBIN0021069, SBI, Bongloor (Branch)  
Ibrahimpatnam, Rangareddy District.**