

Application for the Post of: _____(Contract Basis& Honorarium)

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PHOTOGRAPH

SPECIALITY / DEPARTMENT: _____

1. Full Name(BLOCKLETTERS):_____
2. Father’s/Husband’s Name_____
3. Male/Female: _____
4. Date of Birth & Age as on:_____
5. Mobile no : _____ Caste:_____
6. Physically Handicapped Category : _____
7. Educational Qualifications:

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

Qualification	Name of the College	Name of the University	Year of passing	Degree Registration no	Name of the State Medical Council
MBBS					
BDS/MDS					
MD/MS/DNB Subject:_____					
DM/MCH					

PG -Maximum Marks	Obtained Total Marks	Marks in percentage

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					

8. Residential Address/ E-mail address & Aadhar Number.

9. Local / Non Local (Specify): _____

10. 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
Professor					
Associate Professor					

11. Research Experience: **Number of papers (for Professor & Associate Professor)**

Published		Accepted for publication (a part 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 st /2 nd /Corresponding
1					
2					
3					
4					
5					
6					

NOTE:

- 1. **INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
- 2. **SUBMIT ALONG WITH APPLICATION, TWO (2) SELF-ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW. ALONG WITH FILLED GOOGLE FORMS**

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate	
2.	Study/Bonafide certificate (1 st to 7 th Class)	
3.	MBBS/M.D/M.S/D.N.B/DM/MCH / MDS./M.Sc., / Ph.D., Certificate and Marks Memo and relevant educational certificates.	
4.	MBBS Registration &Additional Registration with TG Medical Council Certificate/ Outside state candidates, subject to getting registration from TelanganaStateMedicalCouncilwithinoneweekofselection,theappointmentwillthe nbeconfirmed	
5.	Copy of Previous experience certificate for all teaching Appointment held for the post of Professor & Associate Professor	
6.	Copies of Publications with proof of Indexation for the post of Professor & Associate Professor	
7.	Social Status Certificate if any	
8.	Physically Handicapped Certificate if any (Sadaram certificates)	

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 and to certify that at present I am not working in any Govt Medical College on contract basis and my AEBS Attendance not linked with any medical college under NMC.

Date:
Place:

Signature of the candidate