

APPLICATION FORM

Name of the Post: PROFESSOR /ASSOCIATE PROFESSOR /ASST PROFESSOR

PASTE HERE
LATEST
SELF
ATTESTED
PHOTOGRAPH

SPECIALITY/DEPARTMENT: _____

1. Full Name (BLOCK LETTERS): _____

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 Subject : | | | | | | |

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 |
|---------------------|------------|---------------------|---------------|-------------|------------------------------------|
| Junior Resident/PG | | | | | |
| Senior Resident | | | | | |
| Tutor | | | | | |
| Assistant Professor | | | | | |
| Associate Professor | | | | | |
| Professor | | | | | |

11. Research Experience: Number of papers

| Published | | Accepted for publication (apart 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 1st/2nd / Corresponding |
|---------|--|---------------------|----------------------------|-----------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

14. (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 COUNSELLING.
3. For submission via email, scanned copy of application forms and relevant copies to be sent

| S.No | Particulars of enclosures | Yes/No |
|------|--|--------|
| 1 | SSC Certificate/ Birth Certificate (Proof of Age) | |
| 2 | Study/ Bonafide certificate (1 st to 7 th Class) | |
| 3 | MBBS degree | |
| 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 | Copy of experience certificate for all teaching appointments held | |
| 7 | Recent Passport size colour photo | |
| 8 | Aadhar Card | |
| 9 | PAN Card | |
| 10 | Copies of Publications with proof of Indexation | |
| 11 | Community Certificate issued by competent authority | |
| 12 | 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:

