APPLICATION FORM

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e of the	Post: PROFES	SOR /ASSOC	IATEPRO	OFESSOR /ASS	T PROFESSOR		
SPECIALITY/DEPARTMENT:					PASTE HERE LATEST		
	Full Name (BLOCK LETTERS).					SELF ATTESTED PHOTOGRAPH	
	Father's/Husband's Name						
3. Date of 1							
4. Sex: Male	Sex: Male/Female						
5. Commu	Community:						
6. Physicall	6. Physically Handicapped Category:						
7. Contact	Particulars:	E-mail addres	ss:				
		Mobile Numb	oer:				
8. (a) Present	Residential Ad	ldress:					
(b) Permanen	t Residential Ac						
-							
7 (a) My PAN	Card No. is	_					
(b)My Aadh	ar Card No. is_						
8. Local / Nor	n-Local (Speci	fy):					
9. Education	al Qualification	s;					
(Please att	ach attested co	pies of certifica	tes/degre	es in support of y	your qualification	s)	
ualification	College	University	Year	Registration No. with date	Name of the State Medical Council	Marks in Percentage	
IBBS							
ID/MS/DNB				- Indian		,	
ubject :							

6. Details of the teaching experience till date: (Please attach attested copies of experienceCertificates)

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experiencein years & months
Junior					
Resident/PG		Ł			
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

11. Research Experience: Number of papers

search Experience: Nu Published		Accepted for publication (apartfrom 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			1		
6			,		

14. (a) Present employment/post held	
(b) Name of Present Medical College	<u> </u>

T.

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.

SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF COUNSELLING.

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 (1st to 7th 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 statecandidates, 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	
and belief. I have not suppressed any material, f candidature is liable to be rejected in the event of any detected and after my appointment in such an event,	e, complete and correct to the best of my knowledge act or factual information. I understand that my mis-statement/discrepancy in the particulars being my services are liable to be terminated without any my circumstance which might impair my fitness for
Date: Place:	Signature of the candidate