

APPLICATION FORM

Name of the Post: PROFESSOR /ASSOCIATE PROFESSOR /ASST PROFESSOR/
TUTOR/SENIOR RESIDENTS

SPECIALITY/DEPARTMENT: _____

PASTE HERE
LATEST
SELF
ATTESTED
PHOTOGRAPH

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 experienceCertificates)

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

11. Research Experience: **Number of papers**

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 1 st /2 nd / 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 statecandidates, subject to getting registration from Telangana State Medical Council within one week ofselection, 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: