GOVERNMENT MEDICAL COLLEGE:: JAYASHANKAR BHUPALPALLY

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/

ASSISTANT PROFESSOR/SENIOR RESIDENT

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: Email 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. Date of appearance in last N.M.C inspection U.G. / P.G. / Any Other Assessment _____

in which College _____

10. Whether you have retired from Govt. service   YES / NO

If   **YES**   Designation:_____College   from

_____

11. 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:						

12. 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					

13. **Research Experience: Submit the Number of papers as required for the post.**

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 / 3rd Corresponding
1					
2					
3					
4					

14. (a) Present employment / post held : _____

(b) Name of Present Medical College : _____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ENTERTAINED. ALONG WITH APPLICATION, SUBMIT ONE ATTESTED PHOTO COPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT THE TIME OF SUBMISSION OF APPLICATION.

S. No.	Particulars of enclosures	Yes / No
1	SSC Certificate / Birth Certificate (Proof of Age)	
2	Study / Bonafide certificate (1st to 10th)	
3	MBBS Degree	
4	M.D / M.S / D.N.B Certificate	
5	MBBS Registration & Additional Registration with TG Medical Council Certificates 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 OF 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 therefore I am not aware of any circumstance which might impair my fitness for employment.

Date:

Signature of the candidate

Place: