GOVERNMENT MEDICAL COLLEGE, YADADRI, YADADRI-BHUVANAGIRI DISTRCICT TELANGANA STATE

APPLICATION- FORM

PASTE LATEST SELF ATTESTED PHOTOGRAPH

Name of the Post : _____

Specialty / Department : _____

1 **Full Name (Block Letters):** _____

2. **Father's Name / Husband's Name:** _____

3. **Date of Birth & Age:** _____

4. **Sex : Male / Female:** _____

5. **Community:** _____

6. **Physically Handicapped Category:** _____

7. **Contact Particulars : E Mail:** _____

Mobile Number: _____

8. (a) **Present Residential Address:** _____

_____

_____

8. (b) **Permanent Residential Address:** _____

_____

9. (a) **PAN Card No.:** _____

9. (b) **Aadhar No.:** _____

10. **Local / Non-Local (Specify):** _____

11. **Educational Qualification:** _____

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

12. DETAILS OF EDUCATIONAL QUALIFICATIONS

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council	Marks in Percentage
MBBS						
MD/MS/DNB/MDS Subject:_____						
DM/MCH						

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					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

13. 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 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 PHOTO COPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF WALK IN INTERVIEW.**

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/ MDS /DM/MCH 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 color 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: _____