

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

Application for the Post of : _____ (Contract Basis)
Cadre Multi Zone- Local Cadre – MZ-I

SPECIALITY / DEPARTMENT: _____

1. Full Name(BLOCKLETTERS): _____
2. Father’s/Husband’s Name_____
3. Male/Female: _____
4. Date of Birth & Age as on:_____
5. Social Status:_____
6. Physically Handicapped Category/EWS:_____
7. Educational Qualifications:

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

Qualification	Name of the College	Name of the University	Year of passing	Degree Registration no	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject:_____					
DM/MCH					

Maximum Marks	Obtained Total Marks	Marks in percentage
MBBS(For Assistant Professor, CAS& Tutor Post)		
Post Graduation (Assistant Professor only)		
DM/MCh		

Senior Resident Details:

S. No.	Name of the Institution	From	To	Total Period of SR Ship
1				
2				

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					

8. Residential Address/E-mail address/ Mobile Number

9. Local/Non Local(Specify):

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
Professor					
Assistant Professor					

11. Research Experience: Number of papers (For Professor 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 1 st /2 nd /Corresponding
1					
2					
3					
4					
5					
6					

NOTE:

1. IN COMPLETE APPLICATION WILL NOTBEEN TERTAINED.
2. SUBMIT ALONG WITH APPLICATION, TWO(2) ATTESTED PHOTO COPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW.

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate	
2.	Study/Bonafide certificate(1 st to10 th Class)	
3.	M.D/M.S/D.N.B/DM/MCH Certificate and Marks Memo	
4.	MBBS Registration & Additional Registration with TG 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	
5.	Copy of Previous experience certificate for all teaching Appointment held for the post of Professor.	
6.	One year Senior Resident Completion Certificate for Assistant Professor only	
6.	Copies of Publications with proof of Indexation for the post of Professor	
7.	Social Status Certificate if any	
8.	Physically Handicapped Certificate If any	

DECLARATIONBYTHECANDIDATE

(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 and to certify that present I am not working in any Medical College on contract basis and my AEBS Attendance not linked with any medical college under NMC.

Date:
Place:

Signature of the candidate