

**GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA
GOVERNMENT**

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR

1. Full Name (Block Letters): _____
2. Father / Husband Name: _____
3. Age & Date of birth: _____(Years)____/____/_____
4. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy
Number: _____
Issuing Authority: _____

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

- a. Department: _____
- b. City / District: _____
5. Complete Residential Address of the employee:
 - a. Present: _____

 - b. Permanent: _____

6. Contact details:
 - a. Mobile Phone Number: _____
 - b. Email address: _____
7. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.

8. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council	Total Marks with percentage
MBBS					
MD/MS/DNB					
DM/MCh					
PhD					

9. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			--/--/--	--/--/--	__(y)__(m)
Senior Resident			--/--/--	--/--/--	__(y)__(m)
Tutor			--/--/--	--/--/--	__(y)__(m)

Asst. Professor			--/--/--	--/--/--	__(y)__(m)
Assoc. Professor			--/--/--	--/--/--	__(y)__(m)
Professor			--/--/--	--/--/--	__(y)__(m)

10. Number of Research articles in Indexed Journals:

- a. International Journals: -----
- b. National Journals: -----
- c. State / Institutional Journals: -----

DECLARATION BY THE CANDIDATE (Post applied for)

(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:

Place:

(Signature of the Faculty)

CHECKLIST

Sl	Documents	Submitted
1	Recent Passport size photo	Yes / No
2	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
4	SSC certificate (Proof of date of Birth)	Yes / No
5	Bonafide Study certificate from class 1 st to 7 th (proof of local candidate)	Yes / No
6	Marks Memos of MBBS, PG-MD/MS/DNB (All marks memos)	Yes / No
7	Provisional Certificates of MBBS, PG-MD/MS/DNB, PhD degrees	Yes / No
8	Registration Certificate of MBBS, PG-MD/MS & DNB degree with TS/AP Medical Council	Yes / No
9	Latest Caste Certificate	Yes / No
10	1 year Completion of Senior Resident Certificate	Yes / No
11	Relieving order from the previous institution.	Yes / No
12	Copy of experience certificates	Yes / No
13	Medical Education Training Certificate	Yes / No
14	BCBR Completion certificate	Yes / No
15	Submit the Publications-for Professor-4 No's, Associate Professor-2 No's	Yes / No
16	Supporting documents for proof of economically backward to avail 10% reservation.	Yes / No
17	If person belongs to Ex-service men, certificate may be enclosed	Yes / No
18	Disability certificate-issued by concerned Medical Board or Sadarem	Yes / No