

**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: _____

c. Category: SC / ST /BC- (A, B, C & D) / EWS / Other

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 | BCME 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 Sadaram | Yes / No |