

GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA STATE
Name of the Post: Tutor/Senior Resident

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 your signature and seal of the Principal/Dean across it

- a. Department: _____
- b. City/District: _____

5. Social Status: _____

6. Complete Residential Address of the employee:
 - a. Present: _____

 - b. Permanent: _____

7. Contact details:
 - a. Mobile Phone Number: _____
 - b. Email address: _____

8. Have you attended the 'Basic Course Workshop' for training in MET: Yes/ No.

9. Educational Qualifications:

| Degree | Year | Name of College & University | Registration number with date of registration | Name of State Medical Council | Total Marks Obtained with Percentage |
|--------|------|------------------------------|---|-------------------------------|--------------------------------------|
| MBBS | | | | | |
| MD/MS | | | | | |
| DM/MCh | | | | | |
| PhD | | | | | |

10. Details of Teaching experience till date:

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

11. 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

| SI | Documents | Submitted |
|-----|---|-----------|
| 1. | Recent Passport size photo of Employee, Signed by Dean/Principal of college | Yes/No |
| 2. | Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card | Yes/No |
| 3. | Certified copy of Appointment order of the present Institute. | Yes/No |
| 4. | Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card | Yes/No |
| 5. | Joining report at the present institute. | Yes/No |
| 6. | SSC Marks Memo | Yes/No |
| 7. | Copies of MBBS, PG, PhD degrees (as applicable). | Yes/No |
| 8. | Copies of MBBS, PG, PhD degree Registration Certificates (as applicable). | Yes/No |
| 9. | Marks memos of MBBS, PG, PhD degree Registration Certificates (as applicable). | Yes/No |
| 10. | Copy of experience certificates of all teaching appointments before joining present post. | Yes/No |
| 11. | Relieving order from the previous institution/posting. | Yes/No |
| 12. | Copy of PAN Card | Yes/No |
| 13. | Form 16A (downloaded from TRACES) for FY 2022-23 (Assessment Year 2023-24) | Yes/No |
| 14. | Letterhead (in case of teachers who are practicing) | Yes/No |
| 15. | Copy of letter from affiliating University recognizing as UG teacher | Yes/No |
| 16. | Copy of letter from affiliating University recognizing as PG teacher (for PG assessment) | Yes/No |
| 17. | Copy of Aadhar Card | Yes/No |
| 18. | Bonafide 1 st to 10 th class | |