

GOVERNMENT OF TELANGANA
(MEDICAL EDUCATION DEPT.,)

OFFICE OF THE PRINCIPAL, GOVT. MEDICAL COLLEGE, NIZAMABAD

NOTIFICATION No.524/GMCNZB/2021; Dt:22.07.2021

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR

(_____) ON CONTRACT BASIS FOR A PERIOD
UPTO31.03.2022 OR TILL ACTUAL NEED CEASES, WHICHEVER IS EARLIER

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE
OFFICE)

1.	Name of the candidate		Paste Photograph here and sign across it												
2.a	Name of the Father														
2.b	Name of husband/wife (if married)														
3.	Sex														
4.	Date of Birth														
5.	Social Status (Please tick)	<table border="1" style="width: 100%; border-collapse: collapse;"><tbody><tr><td style="width: 10%;">OC</td><td style="width: 10%;">BC A</td><td style="width: 10%;">BC B</td><td style="width: 10%;">BC C</td><td style="width: 10%;">BC D</td><td style="width: 10%;">BC E</td><td style="width: 10%;">SC</td><td style="width: 10%;">ST</td></tr></tbody></table>						OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST								
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)													
6(a)	If yes please mention category (Please tick)	HH/OH/VH													
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)													

P.T.O

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		
MD/Diploma/DNB		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 st year			
MBBS 2 nd year			
Final MBBS Part-I			
Final MBBS Part-II			
Total Marks			
MD/Diploma/DNB			

MEDICAL COUNCIL REGISTRATION

COURSE	Council Regn. No.	Date	Name of the Council	Valid upto
MBBS				
PG Degree/DNB				
PG Diploma				

PERSONAL DETAILS

*Name :
*Father Name :
*Husband Name :
*House No. :
*Street :
*Village/Town :
*District :
*Pin code :
*Mobile No. : 1) 2)
*E-mail ID :

DECLARATION

I, Dr.D/S/W/o..... declare that the above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false, at a later date, my candidature will be cancelled summarily.

**NAME AND SIGNATURE
OF THE CANDIDATE**