

**TELANGANA INSTITUTE OF MEDICAL SCIENCES & RESEARCH
GACHIBOWLI, RANGAREDDY, TS.**

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

**Name of the Post: Nursing Superintendent Gr.II/ Asst. Deputy Nursing/
Staff Nurse/ Dietician / Pharmacist GR.II (Pharmacist)**

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's Name _____
3. Date of Birth & Age: _____
4. Sex: Male/Female
5. Community : _____
6. Physically handicapped Category : _____
7. Contact Particulars: E-mail address: _____
Mobile Number: _____
8. (a) Present Residential Address :

- (b) Permanent Residential Address:

- 7 (a) My PAN Card No. is _____.
- (b) My Aadhar Card No. is _____.
8. Local / Non Local (Specify): _____
9. Zone: _____

10. Educational Qualifications:

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

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council	Marks in Percentage
SSC						
INTERMEDIATE						
DIPLOMA						
DEGREE						

11. Details of the work 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

14. Present employment/post held : _____
: _____

Date:

Signature of the candidate

Place:

NOTE:

- 1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
- 2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW**

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate/ Birth Certificate (Proof of Age)	
2.	Study/ Bonafide certificate (1 th to 10 th Class)	
3.	TS Council Registration Certificate	
4.	Diploma and Degree Certificate	
5.	Marks Memos of all the Years / Consolidated Marks Memo	
6.	Copy of experience certificate	
7.	Recent (2)Passport size colour photo	
8.	Aadhar Card	
9.	PAN Card	
10	Caste certificate issued by the Competent authority	
11	Physically Handicapped Certificate	

DECLARATION BY THE CANDIDATE

(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:

Signature of the candidate

Place:

