

**GOVERNMENT MEDICAL COLLEGE SURYAPET**

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

**Specialty/Department:** \_\_\_\_\_

**1. Full Name (Block Letters):** \_\_\_\_\_

**2. Father's/Husband's Name** \_\_\_\_\_

**3. Date of Birth & Age:** \_\_\_\_\_

**4. Sex: Male/Female**

**Social Status:**

Paste Here Latest  
Self Attested  
Photograph

**5. Contact Particulars: E-mail Address:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**6. (a) Present Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. (b) Permanent Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. (a) My PAN Card No. is** \_\_\_\_\_

**7. (b) My Aadhar Card No. is** \_\_\_\_\_

**8. Local: Telangana/Andhra:** \_\_\_\_\_ **Non/Local:** \_\_\_\_\_

**9. Date of appearance in Last MCI - UG/PG/Any Other Assessment** \_\_\_\_\_ **in**  
**which college** \_\_\_\_\_

**10. Whether you have retired from Government Medical College-Yes/No**  
**If Yes, Designation** \_\_\_\_\_

**Name of the College:** \_\_\_\_\_

**11. 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
<b>MBBS</b>					
<b>MD/MS/DNB</b> Subject: _____					

**12. Details of the Teaching 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 &
<b>Junior Resident (Recognized Medical College)</b>					
<b>Senior Resident (Recognized Medical College)</b>					
<b>Tutor</b>					
<b>Assistant Professor</b>					
<b>Associate Professor</b>					
<b>Professor</b>					

**13. Research Experience: Number of Papers**

Published		Accepted for Publication (apart from published)	
Indexed	Non-Indexed	Indexed	Non-Indexed

**14. Please provide a list of all your scientific publications in chronological order providing details of Original articles and whether Indexed/Non-indexed:**

Sl. No.	Particulars of Article (Name of Article & Journal)	Year of Publication	Designation in the article	Indexing Agency	Authorship 1 <sup>st</sup> /2 <sup>nd</sup> /Corresponding
1					
2					
3					
4					
5					
6					
7					

**15. (a) Present Employment/Post Held:** \_\_\_\_\_

**15. (b) Name of the Present Medical College:** \_\_\_\_\_

**Date:**

**Signature of the Candidate**

**Place:**

**NOTE:**

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

Sl. No.	Particulars of Enclosures	Yes/No
1.	<b>SSC Certificate/ Birth Certificate (Proof of Age)</b>	
2.	<b>Study/ Bonafide certificate (4<sup>th</sup> to 10<sup>th</sup> Class)</b>	
3.	<b>MBBS Degree</b>	
4.	<b>M.D/M.S/D.N.B Certificate with Marks Memo</b>	
5.	<b>MBBS Registration &amp; Additional Registration with Medical Council Certificate/s ** Outside state Candidates, subject to getting registration from Telangana State Medical Council within one week of selection, the Appointment will then be confirmed</b>	
6.	<b>Copy of experience certificate for all teaching Appointments held</b>	
7.	<b>Recent Passport size color photo</b>	
8.	<b>Photo ID proof issued by the Government Passport/Voter ID</b>	
9.	<b>PAN Card and Aadhar Card</b>	
10.	<b>Copies of Publications with Proof of Indexation</b>	
11.	<b>Proof of Social Status</b>	

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_ at \_\_\_\_\_).

**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:**