

**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:**

**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:** \_\_\_\_\_

**Paste Here Latest  
Self Attested  
Photograph**

**11. Educational Qualifications:****(Please attach attested copies of Certificates/Degrees in support of your Qualifications)**

<b>Qualification</b>	<b>College</b>	<b>University</b>	<b>Year</b>	<b>Registration No. With date</b>	<b>Name of the State Medical Council</b>
<b>MBBS</b>					
<b>MD/MS/DNB</b> <b>Subject: _____</b>					

**12. Details of the Teaching experience till Date:****(Please attach attested copies of experience Certificates)**

<b>Designation</b>	<b>Department</b>	<b>Name of Institution</b>	<b>From (DD/MM/YY)</b>	<b>To (DD/MM/YY)</b>	<b>Total Experience in Years &amp;</b>
<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**

<b>Published</b>		<b>Accepted for Publication (apart from published)</b>	
<b>Indexed</b>	<b>Non-Indexed</b>	<b>Indexed</b>	<b>Non-Indexed</b>

**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.	SSC Certificate/ Birth Certificate (Proof of Age)	
2.	Study/ Bonafide certificate (4 <sup>th</sup> to 10 <sup>th</sup> Class)	
3.	MBBS Degree	
4.	M.D/M.S/D.N.B Certificate with Marks Memo	
5.	MBBS Registration & 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	
6.	Copy of experience certificate for all teaching Appointments held	
7.	Recent Passport size color photo	
8.	Photo ID proof issued by the Government Passport/Voter ID	
9.	PAN Card and Aadhar Card	
10.	Copies of Publications with Proof of Indexation	
11.	Proof of Social Status	

**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:**