GOVERNMENT MEDICAL COLLEGE NAGARKURNOOL,
::NAGARKURNOOL DISTRICT ::TELANGANA::

Application for the Post of: _____(Contract Basis& honorarium)

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

SPECIALITY / DEPARTMENT: _____

1. Full Name(BLOCKLETTERS):
2. Father's/Husband's Name_____
3. Male/Female: _____
4. Date of Birth & Age as on:_____
5. Social Status : _____
6. Physically Handicapped Category : _____
7. Educational Qualifications:
   (Please attach attested copies of certificates/degrees in support of your qualifications)

Qualification	Name of the College	Name of the University	Year of passing	Degree Registration no	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject:_____					
DM/MCH					

PG -Maximum Marks	Obtained Total Marks	Marks in percentage

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					

8. Residential Address/ E-mail address/ Mobile Number & Aadhar Number.

_____

9. Local / Non Local (Specify): _____

10. 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 &months
Professor					
Associate Professor					
Assistant professor					

11. Research Experience: **Number of papers (for Professor & Associate Professor)**

Published		Accepted for publication (a part from published)	
Indexed	Non Indexed	Indexed	Non Indexed

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 and Journal)	Year of Publication	Designation in the article	Indexing agency	Authorship 1st/2nd/ Corresponding
1					
2					
3					
4					
5					
6					

NOTE:

1. **INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
2. **SUBMIT ALONG WITH APPLICATION, TWO (2) SELF-ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW. ALONG WITH FILLED GOOGLE FORMS**

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate	

2.	Study/Bonafide certificate (1st to 7thClass)	
3.	MBBS/M.D/M.S/D.N.B/DM/MCH Certificate and Marks Memo	
4.	MBBS Registration & Additional Registration with TG Medical Council Certificate/ Outside state candidates, subject to getting registration from Telangana State Medical Council within one week of selection, the appointment will not be confirmed	
5.	Copy of Previous experience certificate for all teaching Appointment held for the post of Professor & Associate Professor	
6.	Copies of Publications with proof of Indexation for the post of Professor & Associate Professor	
7.	Social Status Certificate if any	
8.	Physically Handicapped Certificate if any	

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 and to certify that at present I am not working in any Govt Medical College on contract basis and my AEBS Attendance not linked with any medical college under NMC.

Date: Signature of the candidate

Place: