

GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA

GOVERNMENT

Name of the Post: Senior Resident

1. Full Name (Block Letters): _____

2. Gender : _____

3. Father / Husband Name: _____

4. Age & Date of birth: _____(Years)____/____/____

5. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy

Number: _____

Issuing Authority: _____

a. Department: _____

b. City / District: _____

c. Category: SC / ST /BC- (A, B, C & D) / EWS / Other

6. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

7. Contact details:

a. Mobile Phone Number: _____

b. Email address: _____

8. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.

9. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council	Total Marks with Percentage
MBBS					
MD/MS					
DM/MCh					
PhD					

10. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			__/__/__	__/__/__	__(y)__(m)
Senior Resident			__/__/__	__/__/__	__(y)__(m)
Tutor			__/__/__	__/__/__	__(y)__(m)
CAS					

Attach a recent passport size color photograph with signature and seal of the Principal / Dean across it

11. Number of Research articles in Indexed Journals:

- a. International Journals: _ _ _ _ _
b. National Journals: _ _ _ _ _
c. State / Institutional Journals: _ _ _ _ _

DECLARATION BY THE CANDIDATE (Post applied for)

(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:

Place:

(Signature of the Faculty)

CHECKLIST

Sl	Documents	Submitted
1	Recent Passport size photo	Yes / No
2	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card	Yes / No
4	SSC certificate (Proof of date of Birth)	Yes / No
5	Bonafide Study certificate from class 1 st to 7 th (proof of local candidate)	Yes / No
6	Marks Memos of MBBS, PG-MD/MS/DNB (All marks memos)	Yes / No
7	Provisional Certificates of MBBS, PG-MD/MS/DNB, PhD degrees	Yes / No
8	Registration Certificate of MBBS, PG-MD/MS & DNB degree with TG/AP Medical Council	Yes / No
9	Latest Caste Certificate	Yes / No
10	Relieving order from the previous institution.	Yes / No
11	Copy of experience certificates	Yes / No
12	Supporting documents for proof of economically backward to avail 10% reservation.	Yes / No
13	If person belongs to Ex-service men, certificate may be enclosed	Yes / No
14	Disability certificate-issued by concerned Medical Board or Sadarem	Yes / No