

**GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA  
STATE**

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

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: \_\_\_\_\_

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

a. Department: \_\_\_\_\_

b. City / District: \_\_\_\_\_

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
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)

Asst. Professor			--/--/--	--/--/--	___(y)___(m)
Assoc. Professor			--/--/--	--/--/--	___(y)___(m)
Professor			--/--/--	--/--/--	___(y)___(m)

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 <sup>st</sup> to 7 <sup>th</sup> (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