

GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA STATE
Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR

1. Full Name (Block Letters): _____
2. Father/Husband Name: _____
3. Age & Date of birth: _____ (Years) ____ / ____ / _____
4. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport
 copy Number: _____
 Issuing Authority: _____

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

- a. Department: _____
- b. City/District: _____
5. Complete Residential Address of the employee:
- a. Present: _____

- b. Permanent: _____
6. Social Status : _____
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 Obtained 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)

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 of Employee, Signed by Dean/Principal of college	Yes/No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes/No
3.	Certified copy of Appointment order of the present Institute.	Yes/No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card	Yes/No
5.	Joining report at the present institute.	Yes/No
6.	SSC Marks Memo	
7.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes/No
8.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes/No
9.	Marks memos of MBBS, PG, Ph.D degree (as applicable)	
10.	Copy of experience certificates of all teaching appointments before joining present post.	Yes/No
11.	Relieving order from the previous institution/posting.	Yes/No
12.	Copy of PAN Card	Yes/No
13.	Form 16A (downloaded from TRACES) for FY 2022-23 (Assessment Year 2023-24)	Yes/No
14.	Letterhead (in case of teachers who are practicing)	Yes/No
15.	Copy of letter from affiliating University recognizing as UG teacher	Yes/No
16.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes/No
17.	Copy of Aadhar Card	Yes/No
18.	Bonafide 1 st to 10 th class	Yes/No

