

GOVT MEDICAL COLLEGE NALGONDA, TELANGANA STATE- 2026

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/
ASSISTANT PROFESSOR/SENIOR RESIDENT/TUTOR

PASTE
HERE LATEST
SELF
ATTESTED PHOTOGRAPH

SPECIALITY/DEPARTMENT: _____

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's Name: _____
3. Date of Birth & Age: _____
4. Sex: Male/Female
5. Community: _____
6. Physically Handicapped Category: _____
7. Contact Particulars: E-mail address: _____
Mobile Number: _____

8. (a) Present Residential Address:

(b) Permanent Residential Address:

7(a) My PAN Card No. is

_____.

b) My Aadhar Card No. is _____.

8. Local / Non Local (Specify): _____

9. Educational Qualifications:

(Please attach attested copies of certificates / degrees in support of your qualifications)

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council	Marks in percentage
MBBS						
MD/MS/DNB Subject: _____						

DM/MCH						
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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
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

11. Research Experience: Number of papers

Published		Accepted for publication (apart 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 1 st /2 nd /Corresponding
1					
2					
3					
4					
5					
6					

14.(a) Present employment/post held : _____

(b) Name of Present Medical College : _____

NOTE:

1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF WALK IN INTERVIEW.

S.No	Particularsofenclosures	Yes/No
1.	SSCCertificate/BirthCertificate(ProofofAge)	
2.	Study/Bonafidecertificate(1 st to 7 th Class)	
3.	MBBSdegree	
4.	M.D/M.S/D.N.B/DM/MCHCertificate	
5.	MBBSRegistration&AdditionalRegistrationwith TS Medical Council Certificate/s** Outside statecandidates,subject to gettingregistration from TelanganaStateMedicalCouncilwithinoneweekofselection,theappointmentwillthenbeconfirmed	
6.	Copyofexperiencecertificateforall teaching appointmentsheld	
7.	RecentPassport sizedcolourphoto	
8.	Aadhar Card	
9.	PANCard	
10.	CopiesofPublicationswithproofofIndexation	
11.	Community Certificate issued by competent authority	
12.	Physically Handicapped Certificate	

DECLARATIONBYTHECANDIDATE

(Postappliedfor _____)

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: