GOVT MEDICAL COLLEGE, WANAPARTHY, TELANGANA - 2026

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PHOTOGRAPH

Post applying for: PROFESSOR/ASSOCIATE PROFESSOR / ASSISTANTPROFESSOR/SENIOR RESIDENT/TUTOR

SPECIALITY/DEPARTMENT: _____

1. Full Name(BLOCK LETTERS):_____
2. Father's/Husband's Name_____
3. Date of Birth & Age:_____
4. Sex: Male/Female
5. Community : _____
   (with Sub Caste/Sub Group)
6. Handicapped Category : _____
7. Contact Details: E-mail address: _____

   Mobile Number: _____
8. (a) Present Residential Address:

   _____

   _____

   (b) Permanent Residential Address:

   _____

   _____

9(a) PAN No: _____

(b) Aadhar Number:_____.

10. Local / Non Local (Specify): _____
11. Educational Qualifications:

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

Qualification	College	University	Year of Passing	Medical Council under which registered	Medical Council Registration No. With date	Marks in percentage
MBBS						
MD/MS/DNB Subject:_____						
DM/MCH						

12. 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					

13. 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 synchronological 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					

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

(b)Name of the Present Medical College :_____

NOTE:

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

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate/Birth Certificate (Proof of Age)	
2.	Study/Bonafide certificate (1st to 7th Class)	
3.	MBBS degree Certificate along with Marks Memo	
4.	M.D/M.S/D.N.B/DM/MCH/MDS Certificate along with Marks Memo	
5.	Telangana Medical Council Registration Certificate/s of MBBS & Additional Qualification (If any Candidate registered with Medical Council other than Telangana State, selected may be appointed, subject to submission of Telangana Medical Council within one week of selection)	
6.	Copy of experience certificate for all teaching Appointments held	
7.	Recent Passport size color photo	
8.	Aadhar Card	
9.	PAN Card	
10.	Copies of Publications with proof of indexation	
11.	Community Certificate issued by the competent authority	
12.	Handicapped Certificate	

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 false 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 aware of any circumstances which might impair my fitness for employment.

Date: Signature of the candidate

Place: