SIMS (GOVERNMENT MEDICAL COLLEGE) RAMAGUNDAM, TELANGANA STATE

Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANTPROFESSOR

1. FullName(BlockLetters):_____
2. Father/HusbandName: _____
3. Age& Date of birth: _____(Years)_____/___ /_____
4. PhotoIDsubmitted: PAN Card/Aadhar Card/Voter ID/Passport
   copyNumber: _____
   IssuingAuthority: _

Attacharecentpass port size colorphotographwithsignatureandsealofthePrincipal/Deanacross it

   a. Department: _____
   b. City/District: _____
5. Complete Residential Address of the employee:
   a. Present: _____
   _____
   _____
   _____
   b. Permanent:
6. Contactdetails:
   a. Mobile Phone Number: _____
   b. Emailaddress: _____
7. Haveyouattended the'BasicCourseWorkshop'fortrainingin MET: Yes/ No.
8. Educational Qualifications:

Degree	Year	NameofCollege&University	Registration numberwithdateofregistration	Name of StateMedicalcouncil
MBBS				
MD/MS				
DM/MCh				
PhD				

9. DetailsofTeachingexperiencetilldate:

Designation*	**Department**	**Institution**	**From**	**To**	**Total**
JuniorResident			--/--/--	--/--/--	___(y)___(m)
SeniorResident			--/--/--	--/--/--	___(y)___(m)
Tutor			--/--/--	--/--/--	___(y)___(m)

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

10. NumberofResearch articlesinIndexedJournals:
    InternationalJournals: ____
    NationalJournals: ____
    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. Ihave 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	Document	Submitted
1.	RecentPassportsizephotoofEmployee,SignedbyDean/Principalofcollege	Yes/No
2.	PhotoIDproof(Govt.Authorityissued):Passport/PAN Card/VoterID/AadharCard	Yes/No
3.	CertifiedcopyofAppointmentorderofthepresentInstitute.	Yes/No
4.	ProofofResidence:Passport/VoterCard/Electricity/Landlinephonebill/AadharCard	Yes/No
5.	Joiningreportatthepresentinstitute.	Yes/No
6.	CopiesofMBBS,PG,PhD degrees(asapplicable).	Yes/No
7.	CopiesofMBBS, PG,PhD degreeRegistration Certificates(asapplicable).	Yes/No
8.	Copyofexperiencecertificatesofallteaching appointmentsbeforejoiningpresentpost.	Yes/No
9.	Relievingorderfromthepreviousinstitution/posting.	Yes/No
10.	Copy ofPANCard	Yes/No
11.	Form16A(downloadedfromTRACES)forFY2022-23(AssessmentYear 2023-24)	Yes/No
12.	Letterhead(incaseofteacherswhoarepracticing)	Yes/No
13.	Copyof letterfromaffiliatingUniversityrecognizing asUGteacher	Yes/No
14	CopyofletterfromaffiliatingUniversityrecognizingasPGteacher(forPGassessment)	Yes/No
15	Copyof AadharCard	Yes/No

SIMS (GOVERNMENT MEDICAL COLLEGE) RAMAGUNDAM, TELANGANA STATE

NameofthePost:Tutor/Senior Resident

1. FullName(BlockLetters):_____
2. Father/HusbandName: _____
3. Age& Date of birth: _____(Years)_____/___/_____
4. PhotoIDsubmitted: PAN Card/Aadhar Card/Voter ID/Passport

   copyNumber: _____

   IssuingAuthority: _

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   a. Department: _____
   b. City/District: _____
5. CompleteResidentialAddress oftheemployee:
   a. Present: _____
   _____
   _____
   _____
   _____
   b. Permanent:
6. Cor
   a. MobilePhoneNumber: _____
   b. Emailaddress: _____
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MD/MS				
DM/MCh				
PhD				

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SeniorResident			__/__/__	__/__/__	___(y)___(m)
Tutor			__/__/__	__/__/__	___(y)___(m)

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    a. InternationalJournals: _ _ _ _

    b. NationalJournals: _ _ _ _

    c. State/Institutional Journals:__ __

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