

GOVERNMENT MEDICAL COLLEGE KODANGAL, VIKARABAD DISTRICT, TELANGANA STATE 2026

Name of the Post: PROFESOR/ASSOCIATE PROFESSOR/ASSISTANT PROFOESSOR

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 (Enclose cetficate) _____

7. Contact Particulars E-mail address _____

Mobile Number: _____

8. (a) Present Residential Address:

(b) Permanent Residential Address:

9. PAN Card No. _____

10. Aadhaar Card No. _____

11. Local/Non Local (Specity): _____

12. Educationl Qualifications: (Please attach attested copies of certificates/degree 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						

13. Details of the teaching experience till date: (Please attach attested copies of experience certificates)

Designation	Department	Name fo the Institution	From DD/MM/YYYY	To DD/MM/YYYY	Total experience in years & months
Junior Resident					
Senior Resident					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

14. 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					

15. (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 ENCLOSURE MENTIONED AT TIME OF WALK IN INTERVIEW.**

SL.No.	Particulars of enclosures	Yes/No
1	SSC Certificate/Birth Certificate (Proof of age)	
2	Study/Bonafied certificate (1 st to 7 th classes)	
3	MBBS Degree	
4	M.D/M.S/D.N.B./DM/MCH Certificate	
5	MBBS Registration & Additional Registration with TG Medical Council certificates ** outside state candidates, subject to getting registration from Telangana State Medical council within one week of selection, the appointment will then be conformed.	
6	Copy of experience certificate for all teaching appointment held	
7	Recent Passport size colour photo	
8	Aadhaar Card	
9	PAN Card	
10	Copies of publications with proof of indexation	
11	Community certificate issued by competent authority	
12	Physically Handicapped certificate if any	

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 my 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.

SIGNATURE OF THE CANDIDATE

Date _____

Place _____