GANDHI MEDICAL COLLEGE/GANDHI HOSPITAL, SECUNDERABAD.

NOTIFICATION FOR THE POST OF ASSISTANT PROFESSOR OF VARIOUS SPECIALITIES AND CIVIL ASSISTANT SURGEON ON CONTRACT BASIS

APPLICATION FORM

	ATION NO. FILLED BY THE OFFICE)	
POST API	PLIED FOR	
1	Name of the Candidate	
2	Name of the Father	
3	Gender (Male/Female)	
4	Date of Birth	
5	Social Status (OC, BC(A, B,C.D.E) SC, ST)	
6	Aadhar No.	
7	Whether physically Handicapped (Yes/No)	
8	If yes please mention category (VH/HH/PH)	
9	Whether Ex-Service man/Women(Yes/No)	
10	Mobile No.	
11	Local Status Local/Non Local) as per the	

DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS:

Class	Year of Passing	Name of the District in wh Studying Villege studied and Mandal,	iich
I			
II			
III			
IV			
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VI			
VII			

Note: Study certificates from I to VII should be enclosed, otherwise candidate will be treated as Non-Local

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION.

Qualifying Examination	Year of Passing	Total Marks	Marks obtained	% of Marks obtained

ADDRESS PARTICULARS FOR COMMUNICATION.

Name	:
Father Name	:
House No.	:
Street No.	
Village/Town	1
District	· i
PIN	•
Mobile No./Phone No.	

DETAILS OF ENCLOSURES:

SI.No.	Copy of the Certificate	Enclosed Yes/NO
1	SSC certificate	
2	Study Certificates from I to VII	
3	Registration of PG/DNB/MBBS Degree with TS Medical Counsel	
4	Marks lists of PG/DNB/MBBS (All Marks memos)	
5	Copy of Degree Certificates 1. MBBS 2. Post Graduate MD/MS/DNB	
6	Disability Certificate issued by the concerned Medical Board/SADARAM	
7	Senior Resident Completion Certificate	
8	Aadhar Card	
9	Proof for Ex-Servicemen	

DECLARATION

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Certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date my candidature will be cancelled summarily.