

OSMANIA MEDICAL COLLEGE, KOTI, HYDERABAD, TELANGANA STATE- 2025

Application for the Post of: _____(Contract Basis)

SPECIALITY / DEPARTMENT: _____

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

1. Full Name(BLOCKLETTERS):_____

2. Father's/Husband's Name_____

3. Male/Female: _____

4. Date of Birth & Age as on:_____

5. Social Status : _____

6. Physically Handicapped Category/EWS : _____

7. Educational Qualifications:

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

Qualification	Name of the College	Name of the University	Year of passing	Degree Registration no	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject:_____					
DM/MCH					

PG -Maximum Marks	Obtain Total Marks	Marks in percentage

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					

8. Residential Address/ E-mail address/ Mobile Number

9. Local / Non Local (Specify): _____

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
Professor					
Associate Professor					

11. Research Experience: **Number of papers**

Published		Accepted for publication (a part 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					

NOTE:

1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
2. SUBMIT ALONG WITH APPLICATION, TWO (2) ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW.

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate	
2.	Study/Bonafide certificate (1 st to 10 th Class)	
3.	M.D/M.S/D.N.B/DM/MCH Certificate and Marks Memo	
4.	MBBS Registration&AdditionalRegistrationwith TS Medical Council Certificate/s** Outside state candidates, subject to getting registration from TelanganaStateMedicalCouncilwithinoneweekofselection,theappointmentwillthe nbeconfirmed	
5.	Copy of Previous experience certificate for all teaching Appointment held for the post of Professor & Associate Professor	
6.	Copies of Publications with proof of Indexation for the post of Professor & Associate Professor	
7.	Social Status Certificate if any	
8.	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 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 and to certify that present I am not working in any Medical College on contract basis and my AEBS Attendance not linked with any medical college under NMC.

Date:
Place:

Signature of the candidate