

**RIMS, ADILABAD, TELANGANA**  
**NOTIFICATION NO. 213/E1/2021**

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PHOTOGRAPH

**Name of the Post: ASSISTANT PROFESSOR/CAS-RMO/CMO**

**SPECIALITY/DEPARTMENT:**

\_\_\_\_\_

1. Full Name (BLOCK LETTERS): \_\_\_\_\_
2. Father's/Husband's Name \_\_\_\_\_
3. Date of Birth & Age: \_\_\_\_\_
4. Sex: Male/Female                      Social status: \_\_\_\_\_
5. Contact Particulars:              E-mail address: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_

6. Residential Address :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Proof of Identification: PAN/Aadhar Card No. \_\_\_\_\_.
8. Local: Telangana/Andhra: \_\_\_\_\_ Non/Local: \_\_\_\_\_

9. Educational Qualifications:

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

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD/MS/DNB Subject : _____					
Super Speciality Degree: DM/M CH/DNB					

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

Published		Accepted for publication (apart from published)	
Indexed	Non Indexed	Indexed	Non Indexed

Date:  
Place:

Signature of the candidate