

RIMS, ADILABAD, TELANGANA
NOTIFICATION NO. 826/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

Signature of the candidate

Date:

Place: