

RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES (RIMS) MEDICAL COLLEGE ADILABAD

NOTIFICATION FOR THE POST OF PROFESSORS, ASSOCIATE PROFESSORS, ASSISTANT PROFESSORS OF VARIOUS SPECIALTIES , CAS-RMO, CMO AND CIVIL ASSISTANT SURGEON ON CONTRACT BASIS

APPLICATION FROM

REGISTRATION NO.
(TO BE FILLED BY THE OFFICE)

POST APPLIED 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, EWS	
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 definition of PO 2018	

DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS:

Class	Year of Passing	Name of the Studying Village and Mandal	District in Which studied
I			
II			
III			
IV			
V			
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:

Full Name : _____
Father Name : _____
House No. : _____
Street No. : _____
Village/Town : _____
District : _____
PIN : _____
Mobile No./ Phone No. : _____

DETAILS OF ENCLOSURES :

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

DECLARATION

I, Mr. Mrs. Dr. _____ S/o, D/o _____
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 date my candidature will be cancelled summarily.

Name and signature of the candidate.